

RECEIVED
FEB 22 2019

DNMS



907.561.3211
alaskaheart.com

February 5, 2018

Nuclear Materials Licensing Branch
U.S. Nuclear Regulatory Commission, Region IV
1600 E. Lamar Boulevard
Arlington, TX 76011-4511

RE: Amendment to License # 50-29111-01
Alaska Heart Institute, LLC
3841 Piper St, Suite T-100
Anchorage, AK 99508

We are submitting a request for an amendment to license # 50-29111-01. We would like to add one of our physicians as Authorized Users. NRC Form 313A-part I and part II of the "Authorized User Training and Experience and Preceptor Attestation" have been completed and are enclosed with this letter for Carson Webb, MD.

Sincerely,

Alan Skolnick MD
Radiation Safety Officer
Alaska Heart Institute, LLC

ENC:
NRC Form 313
NCR Form 313A- Webb
CBNC certificate – Webb

PUBLIC

- Immediate Release
- Normal Release

NON-PUBLIC

- A.3 Sensitive-Security Related
- A.7 Sensitive Internal
- Other: _____

Reviewer: WJZ Date: 2-26-19

- Ankie Amos, MD, FACC
- Richard Anschuetz, MD, FACC
- Krzysztof Balaban, MD, FACC
- Mario Binder, MD, FACC
- David Chambers, MC, FACC
- Steven Compton, MD, FACC, FACP, FHRS
- Matthew Corbett, MD, FACC
- Christopher Dyke, MD
- Scott Ebenhoeh, DO
- John Finley, MD, FACC, FASE
- Lisa Cray, DO
- Linda Ireland, DO
- Jacob Kelly, MD, MHS, FACC
- Thomas Kramer, MD, FACC
- Seth Krauss, MD, FACC, FSCAI
- Mark Levin, MD, MS
- Peter D. Marbarger, MD
- Adam Mason, MD, FACC
- William Mayer, MD, FACC, FACP
- Jonathan McDonagh, MD
- Paul Peterson, MD, FACC
- Gene Quinn, MD, MS, M.P.H.
- Brian Scully, MD, FACC
- Mark Selland, MD, FACC
- Alan Skolnick, MD, FACC
- David Sonneborn, MD, FACC
- Christopher Thomas, MD, FACC
- Stanley Watkins, MD, MHS, FACC
- Carson Webb, MD
- Mark Willcox, MD
- Yiming Wu, MD, PHD

AHVI ANCHORAGE

3841 Piper St.
Suite T-100
Anchorage, AK 99508

ALASKA REGIONAL OFFICE

2751 DeBarr Road
Suite B-200
Anchorage, AK 99508

AHVI MAT-SU

2490 S. Woodworth Loop
Suite 250
Palmer, AK 99645

AHVI CATH LAB/ACSC

3220 Providence Dr.
Suite E3-063
Anchorage, AK 99508

AHVI SOLDOTNA

240 Hospital Place
Suite 202
Soldotna, AK 99669

No. 6 1 1 4 9 9

(10-2017)
10 CFR 30, 32,
33, 34, 35, 36,
37, 39, and 40



APPLICATION FOR MATERIALS LICENSE

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the Information Services Branch (T-2 F43), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollects.Resource@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0120), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

INSTRUCTIONS: SEE THE CURRENT VOLUMES OF THE NUREG-1556 TECHNICAL REPORT SERIES ("CONSOLIDATED GUIDANCE ABOUT MATERIALS LICENSES") FOR DETAILED INSTRUCTIONS FOR COMPLETING THIS FORM: <http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/>. SEND TWO COPIES OF THE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

MATERIALS SAFETY LICENSING BRANCH
DIVISION OF MATERIAL SAFETY, STATE, TRIBAL AND RULEMAKING PROGRAMS
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA, GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE, NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN ISLANDS, OR WEST VIRGINIA,

SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF NUCLEAR MATERIALS SAFETY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
2100 RENAISSANCE BOULEVARD, SUITE 100
KING OF PRUSSIA, PA 19406-2713

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352

IF YOU ARE LOCATED IN:

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS, LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS, UTAH, WASHINGTON, OR WYOMING,

SEND APPLICATIONS TO:

NUCLEAR MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
1600 E. LAMAR BOULEVARD
ARLINGTON, TX 76011-4511

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

A. NEW LICENSE

B. AMENDMENT TO LICENSE NUMBER 50-29111-01

C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (Include zip code)

Alaska Heart Institute
3841 Piper Street, Suite T-100
Anchorage, AK 99508

3. ADDRESS WHERE LICENSED MATERIALS WILL BE USED OR POSSESSED

3841 Piper Street
Suite TLL-10
Anchorage, AK 99508

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Cathy McVey

| | |
|---------------------------|------------------------------------|
| BUSINESS TELEPHONE NUMBER | BUSINESS CELLULAR TELEPHONE NUMBER |
| 907-550-2273 | |
| BUSINESS E-MAIL ADDRESS | |
| cmcvey@alaskaheart.com | |

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE LICENSE APPLICATION GUIDE.

5. RADIOACTIVE MATERIAL

a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

10. RADIATION SAFETY PROGRAM.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.

9. FACILITIES AND EQUIPMENT.

11. WASTE MANAGEMENT.

12. LICENSE FEES (Fees required only for new applications, with few exceptions*)
(See 10 CFR 170 and Section 170.31)
*Amendments/Renewals that increase the scope of the existing license to a new or higher fee category will require a fee.

| | |
|--------------|--------------------|
| FEE CATEGORY | AMOUNT ENCLOSED \$ |
| | |

PER THE DEBT COLLECTION IMPROVEMENT ACT OF 1996 (PUBLIC LAW 104-134), YOU ARE REQUIRED TO PROVIDE YOUR TAXPAYER IDENTIFICATION NUMBER. PROVIDE THIS INFORMATION BY COMPLETING NRC FORM 531: <https://www.nrc.gov/reading-rm/doc-collections/forms/nrc531info.html>.

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

| | | |
|---|-----------|--------|
| CERTIFYING OFFICER – TYPED/PRINTED NAME AND TITLE | SIGNATURE | DATE |
| Alan Skolnick, MD | | 3/5/19 |

FOR NRC USE ONLY

| TYPE OF FEE | FEE LOG | FEE CATEGORY | AMOUNT RECEIVED | CHECK NUMBER | COMMENTS |
|-------------|---------|--------------|-----------------|--------------|----------|
| | | | \$ | | |
| APPROVED BY | | | | DATE | |



**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.190, 35.290, and 35.590]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 06/30/2019

| | |
|---|---|
| Name of Proposed Authorized User CARSON WEBB, MD | State or Territory Where Licensed ALASKA |
|---|---|

Requested Authorization(s) (check all that apply)

35.100 Uptake, dilution, and excretion studies

35.200 Imaging and localization studies

35.500 Sealed sources for diagnosis (specify device) _____

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

- 1. Board Certification**
- a. Provide a copy of the board certification.
- b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.
- 2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**
- a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

| Description of Experience | Location of Experience/License or Permit Number of Facility | Clock Hours | Dates of Experience* |
|--|---|-------------|----------------------|
| Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs | | | |

Total Hours of Experience:

| | |
|------------------------|--|
| Supervising Individual | License/Permit Number listing supervising individual as an authorized user |
|------------------------|--|

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- 35.290 35.390 + generator experience in 32.290(c)(1)(ii)(G)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

| Description of Training | Location of Training | Clock Hours | Dates of Training* |
|--|----------------------|-------------|--------------------|
| Radiation physics and instrumentation | | | |
| Radiation protection | | | |
| Mathematics pertaining to the use and measurement of radioactivity | | | |
| Chemistry of byproduct material for medical use <i>(not required for 35.590)</i> | | | |
| Radiation biology | | | |
| Total Hours of Training: | | | |

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

| Supervised Work Experience | | Total Hours of Experience: | |
|--|---|---|----------------------|
| Description of Experience Must Include: | Location of Experience/License or Permit Number of Facility | Confirm | Dates of Experience* |
| Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

| Description of Experience Must Include: | Location of Experience/License or Permit Number of Facility | Confirm | Dates of Experience* |
|--|---|---|----------------------|
| Calculating, measuring, and safely preparing patient or human research subject dosages | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Using administrative controls to prevent a medical event involving the use of unsealed byproduct material | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Using procedures to contain spilled byproduct material safely and using proper decontamination procedures | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Administering dosages of radioactive drugs to patients or human research subjects | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Supervising Individual

License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements (*check one*).

- 35.190 35.290 35.390 35.390 + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

| Device | Type of Training | Location and Dates |
|--------|------------------|--------------------|
| | | |
| | | No 6 1 1 4 9 9 |

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each use requested:

For 35.190

Board Certification

I attest that CARSON WEBB, MD has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User


and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section

Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.190 35.290 35.390 35.390 + generator experience

| | | | |
|--|---|------------------------------------|------------------|
| Name of Preceptor ALAN SKOLNICK, MD | Signature  | Telephone Number (907) 561-3211 | Date 2/5/2019 |
|--|---|------------------------------------|------------------|

License/Permit Number/Facility Name
50-29111-01/ALASKA HEART INSTITUTE

Certification Board of Nuclear Cardiology

Incorporated 1996

Part of the Alliance for Physician Certification & Advancement™ Medical Specialty Boards and Certification programs

Certifies That

Carson S. Webb, MD

HAVING MET THE RECERTIFICATION REQUIREMENTS PRESCRIBED BY THIS BOARD
AND HAVING SATISFACTORILY PASSED THE REQUIRED EXAMINATION,

IS HEREBY DESIGNATED

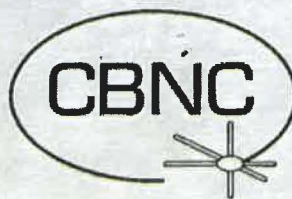
A DIPLOMATE CERTIFIED IN THE SUBSPECIALTY OF

NUCLEAR CARDIOLOGY

VALID: JANUARY 1, 2018 – MARCH 1, 2028



Chairman



Vice-Chairman



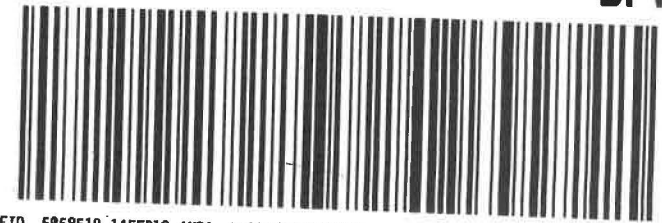
CERTIFICATE NUMBER: 5878

xpress

FedEx carbon neutral envelope shipping

XH FWHA

76011 TX-US DFW



FID 5068519 14FEB19 ANCA 553C2/0E3D/0C8A

RT 218 ST 8
2 16:00 A
1605 02.15

00098

00200

FedEx Express Package US Airbill

FedEx Tracking Number

8123 7184 1605

1 From

Date 2/17/17

Sender's Name ANFIELD-RITSEN Phone 907 264-5726

Company ALASKA HEART INSTITUTE

Address 3841 PIPER ST STE 1100 Dept./Floor/Suite/Room

City ANCHORAGE State AK ZIP 99508-4674

2 Your Internal Billing Reference

3 To

Recipient's Name NORTHERN NUTRITIONAL NURSING UNION

Company NRC, Region IV

Address 1400 E. 14th St Blvd. We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room

Address Use this line for the HOLD location address or for continuation of your shipping address.

City Anchorage State AK ZIP 99511-4511

fedex.com 1.800.GoFedEx 1.800.463.3339



8123 7184 1605

Form ID No. 0215 Recipient's Copy

4 Express Package Service To most locations. Packages up to 150 lbs. For packages over 150 lbs, use the FedEx Express Freight US Airbill.

| Next Business Day | 2 or 3 Business Days |
|--|--|
| <input type="checkbox"/> FedEx First Overnight Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless Saturday Delivery is selected. | <input type="checkbox"/> FedEx 2Day A.M. Second business morning.* Saturday Delivery NOT available. |
| <input type="checkbox"/> FedEx Priority Overnight Next business morning.* Friday shipments will be delivered on Monday unless Saturday Delivery is selected. | <input type="checkbox"/> FedEx 2Day Second business afternoon.* Thursday shipments will be delivered on Monday unless Saturday Delivery is selected. |
| <input checked="" type="checkbox"/> FedEx Standard Overnight Next business afternoon.* Saturday Delivery NOT available. | <input type="checkbox"/> FedEx Express Saver Third business day.* Saturday Delivery NOT available. |

5 Packaging *Declared value limit \$500.

FedEx Envelope*
 FedEx Pak*
 FedEx Box
 FedEx Tube
 Other

6 Special Handling and Delivery Signature Options Fees may apply. See the FedEx Service Guide.

Saturday Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required
Package may be left without obtaining a signature for delivery.

Direct Signature
Someone at recipient's address may sign for delivery.

Indirect Signature
If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods?

No
 Yes As per attached Shipper's Declaration.
 Yes Shipper's Declaration not required.
 Dry Ice Dry Ice, UN 1845 _____ x _____ kg
 Cargo Aircraft Only

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

7 Payment Bill to:

Sender Acct. No. in Section 1 will be billed.
 Recipient
 Third Party
 Credit Card
 Cash/Check

Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No.

Total Packages Total Weight Credit Card Auth. lbs.

Our liability is limited to US\$100 unless you declare a higher value. See the current FedEx Service Guide for details.

Rev. Date 5/15 • Part #163134 • ©1994-2015 FedEx • PRINTED IN U.S.A. (SRM)

fedex.com 1.800.GoFedEx 1.800.463.3339

611

earthsmart

FedEx carbon-neutral envelope shipping

FedEx TRK# 8123 7184 1605

FRI - 15 FEB AA STANDARD OVERNIGHT DSR 76011 TX-US DFW

XH FWHA



FID 6058619 14FEB19 ANCA 553C2/0E3D/0C8A

xpress

RT 218 ST 8 2 16:00 A 1605 02:15

00098

00200

FedEx Express Package US Airbill

FedEx Tracking Number 8123 7184 1605

1 From Date 2/13/2017 Sender's Name AIR FILZ NITSEL Phone 907 264-5726 Company ALASKA HEART INSTITUTE Address 3841 PIPER ST STE 1100 City ANCHORAGE State AK ZIP 99508-4674

2 Your Internal Billing Reference

3 To Recipient's Name NRC REGION IV Licensing Unit Company NRC, Region IV Address 1405 14th or Blvd. City ANCHORAGE State AK ZIP 99501-4511

Form ID No. 0215 Recipient's Copy

4 Express Package Service Packages up to 150 lbs. For packages over 150 lbs., use the FedEx Express Freight US Airbill.

Next Business Day, 2 or 3 Business Days. FedEx First Overnight, FedEx Priority Overnight, FedEx Standard Overnight, FedEx 2Day A.M., FedEx 2Day, FedEx Express Saver.

5 Packaging Declared value limit \$500. FedEx Envelope*, FedEx Pak*, FedEx Box, FedEx Tube, Other.

6 Special Handling and Delivery Signature Options. Saturday Delivery, No Signature Required, Direct Signature, Indirect Signature. Does this shipment contain dangerous goods?

7 Payment Bill to: Sender Acct. No. in Section 1 will be billed. Recipient, Third Party, Credit Card, Cash/Check.

fedex.com 1.800.GoFedEx 1.800.463.3339

fedex.com 1.800.GoFedEx 1.800.463.3339

013001653



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

| | |
|--|---|
| Name and Address of Applicant and/or Licensee Alan E. Skolnick, M.D. Radiation Safety Officer Alaska Heart Institute, LLC dba Alaska Heart and Vascular Institute 3841 Piper St, Ste T1-100 Anchorage, AK 99508 | Date 03/05/2019 |
| | License Number(s) 50-29111-01 |
| | Mail Control Number(s) 611499 |
| | Licensing and/or Technical Reviewer or Branch C. Hill |

This is to acknowledge receipt of your: Letter and/or Application Dated: 02/05/2019

The initial processing, which included an administrative review, has been performed.
 Amendment Termination New License Renewal

There were no administrative omissions identified during our initial review.

This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.

Your application for a new NRC license did not include your taxpayer identification number. Please complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
 Follow the instructions on the form for submission.

The following administrative omissions have been identified:

Your application has been assigned the above listed MAIL CONTROL NUMBER. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02201
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 09/30/2022
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Alaska Heart Institute, LLC
Received Date: 02/22/2019
Docket Number: 3034474
Mail Control Number: 611499
License Number: 50-29111-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol R. Heier

3/6/19

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered / /)

1. Fee Category and Amount: _____

2. Correct Fee Paid. Application may be processed for:

Amendment: _____

Renewal: _____

License: _____

3. OTHER _____

Signed: _____

Date: _____