

**From:** Kodimer, Kory <Kory.Kodimer@cardinalhealth.com>  
**Sent:** Friday, January 31, 2020 11:54 AM  
**To:** Hill, Carol  
**Cc:** Peter.Stokinger@HCAhealthcare.com  
**Subject:** [External\_Sender] RE: Update on Amendment Request  
**Attachments:** 50-18244-01L amend 41.pdf; 50-18244-01C amend 41.docx

Thank you for the quick response.

Peter mentioned to me yesterday that he thought the letter may have been sent to the P.O. box listed below. He has experienced issues getting his mail when using the P.O. Box. The hospital address works best (2801 Debarr). Can we change it on the license to avoid future issues?

Thank you.

Kory

**From:** Hill, Carol <Carol.Hill@nrc.gov>  
**Sent:** Friday, January 31, 2020 9:47 AM  
**To:** Kodimer, Kory <Kory.Kodimer@cardinalhealth.com>  
**Subject:** RE: Update on Amendment Request

External Email – Please use caution before opening attachments or clicking links

, I just looked at the address at the bottom of the record.

The letter was addressed to

Peter A. Stokinger, CNMT  
 Radiation Safety Officer  
 Galen Hospital Alaska, Inc.  
 dba Alaska Regional Hospital  
 P.O. Box 143889  
 Anchorage, AK 99514-3189

But it was returned to sender this week or last week. I added the Debarr street address to the above address (including the PO Box) and sent it back out.

On the license the address says the PO box address without Debarr, In the record it says to send you a copy at:

Mr. Peter Stokinger  
 Alaska Regional Hospital  
 Nuclear Medicine Department  
 2801 DeBarr Road  
 Anchorage, AK 99508

Without the PO Box

**PUBLIC**  
 Immediate Release  
 Normal Release

**NON-PUBLIC**  
 A.3 Sensitive-Security Related  
 A.7 Sensitive Internal  
 Other: \_\_\_\_\_

Reviewer: PTZ Date: 2-6-2020

Which address should be on the license? (I feel like we've had this conversation before, but apparently we still don't have it correct).

**Carol L. Hill, Licensing Assistant**

**Direct: 817-200-1140**  
**Toll Free: 1-800-952-9677**  
**Fax: 817-200-1083**  
**E-mail: [Carol.Hill@nrc.gov](mailto:Carol.Hill@nrc.gov)**

**US Nuclear Regulatory Commission**  
**1600 E. Lamar Blvd.**  
**Arlington, TX 76011-4511**

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**From:** Hill, Carol <Carol.Hill@nrc.gov>  
**Sent:** Friday, January 31, 2020 9:41 AM  
**To:** Kodimer, Kory <Kory.Kodimer@cardinalhealth.com>  
**Subject:** RE: Update on Amendment Request

**External Email – Please use caution before opening attachments or clicking links**

It was issued on 12/23/2019.

It was sent to:  
Peter A. Stokinger, CNMT  
Radiation Safety Officer  
Galen Hospital Alaska, Inc.  
dba Alaska Regional Hospital  
P.O. Box 143889  
Anchorage, AK 99514-3189

**Carol L. Hill, Licensing Assistant**

**Direct: 817-200-1140**  
**Toll Free: 1-800-952-9677**  
**Fax: 817-200-1083**  
**E-mail: [Carol.Hill@nrc.gov](mailto:Carol.Hill@nrc.gov)**

**US Nuclear Regulatory Commission**  
**1600 E. Lamar Blvd.**  
**Arlington, TX 76011-4511**

**From:** Kodimer, Kory <[Kory.Kodimer@cardinalhealth.com](mailto:Kory.Kodimer@cardinalhealth.com)>  
**Sent:** Friday, January 31, 2020 11:35 AM  
**To:** Hill, Carol <[Carol.Hill@nrc.gov](mailto:Carol.Hill@nrc.gov)>  
**Subject:** [External\_Sender] Update on Amendment Request

Carol:

I hope all is well.

I was wondering if you could tell me the status and/or the reviewer for the amendment request submitted in November 2019 for RAML 50-18244-01. They are requesting the addition of 2 physicians.

Thank you.

Kory Kodimer, Ph.D.  
Health Physics Consultant for Alaska Regional

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Dansk - Deutsch - Espanol - Francais - Italiano - Japanese - Nederlands - Norsk - Portuguese - Chinese  
Svenska: <http://www.cardinalhealth.com/en/support/terms-and-conditions-english.html>

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Dansk - Deutsch - Espanol - Francais - Italiano - Japanese - Nederlands - Norsk - Portuguese - Chinese  
Svenska: <http://www.cardinalhealth.com/en/support/terms-and-conditions-english.html>



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

<b>Name and Address of Applicant and/or Licensee</b>  Peter A. Stokinger, CNMT Radiation Safety Officer Galen Hospital Alaska, Inc. dba Alaska Regional Hospital P.O. Box 143889 Anchorage, AK 99514-3189	<b>Date</b> 02/04/2020
	<b>License Number(s)</b> 50-18244-01
	<b>Mail Control Number(s)</b> 617797
	<b>Licensing and/or Technical Reviewer or Branch</b> C. Hill

This is to acknowledge receipt of your:  Letter and/or  Application Dated: 01/31/2020

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:  
 [Empty box for listing omissions]

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

✓ 2/4



BETWEEN:  
Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02120  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 01/31/2026  
Fee Comments: CODE 33  
Decom Fin Assur Reqd: N

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## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: Galen Hospital Alaska, Inc.  
Received Date: 01/31/2020  
Docket Number: 3014720  
Mail Control Number: 617797  
License Number: 50-18244-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*Carol L Heie*  
\_\_\_\_\_  
2/4/20

### 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: \_\_\_\_\_