

Hill, Carol

x2

**From:** Schippers, Dale <dschippers@Queens.Org>  
**Sent:** Friday, February 28, 2020 1:23 PM  
**To:** Hill, Carol; Hanson, Latischa  
**Cc:** Goerner, Frank; Torres, Roberto  
**Subject:** [External\_Sender] RE: Cyclotron Production & Distribution extension  
**Attachments:** Cyclotron License Amendment Request 53-29377-03, 53-16533-04MD Feb2020.pdf

RECEIVED  
 FEB 28 2020

DNMS

Please process the attached license amendment. We are requesting a five year extension for both of our Cyclotron licenses.

**From:** Torres, Roberto <RobertoJ.Torres@nrc.gov>  
**Sent:** Friday, February 28, 2020 3:33 AM  
**To:** Goerner, Frank <fgoerner@Queens.Org>  
**Cc:** Schippers, Dale <dschippers@Queens.Org>  
**Subject:** RE: Cyclotron Production & Distribution extension

The NRC issued internal licensing guidance in August 18, 2017 to extend license expiration dates from 10 years to 15 years when renewing a license or when issuing a new license. This guidance also allows for a one-time extension of 5 additional years to a license expiration date through the license amendment process. However, this request needs to come from the licensee in a signed and dated letter, in licensee's letterhead. If interested, you can send the letter requesting that the expiration date for your NRC licenses be extended for an additional 5 years. This request can be sent to our licensing assistant [carol.hill@nrc.gov](mailto:carol.hill@nrc.gov) and should be sent as soon as possible.

**From:** Goerner, Frank <[fgoerner@Queens.Org](mailto:fgoerner@Queens.Org)>  
**Sent:** Thursday, February 27, 2020 7:59 PM  
**To:** Torres, Roberto <[RobertoJ.Torres@nrc.gov](mailto:RobertoJ.Torres@nrc.gov)>  
**Cc:** Schippers, Dale <[dschippers@Queens.Org](mailto:dschippers@Queens.Org)>  
**Subject:** [External\_Sender] Cyclotron Production & Distribution extension

Hi Roberto,

Our cyclotron production and distribution licenses are expiring in June of this year, an inspected indicated that we could get a 5 year extension. We wanted to request a 5 year extension, if this is still possible. Do we just need to submit a letter or is there a form we need to fill out?

The licenses are:

53-16533-04MD Cyclotron-Distribution  
 53-29377-03 Cyclotron-Production

Thanks for your help

\*\*\*\*\*

Frank Goerner, Ph.D.

Medical Physicist  
 The Queen's Medical Center  
 Office: (808)691-7063  
 Fax: (808)691-4507

TF

**PUBLIC**  
 Immediate Release  
 Normal Release

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

Reviewer: MRS Date: 3/4/20



# THE QUEEN'S MEDICAL CENTER

1301 Punchbowl Street ▪ Honolulu, Hawaii 96813 ▪ Phone (808) 538-9011 ▪ FAX: (808) 547-4646

February 28, 2020

United States Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011-4005

RE: License extension  
The Queen's Medical Center  
NRC License No. **53-29377-03** and **53-16533-04MD**

To whom it may concern:

Please extend both our production (53-29377-03) and distribution (53-16533-04MD) licenses for an additional 5 years. The current expiration date, for both licenses, is June 30, 2020.

Thank you for your assistance. If you have any questions or require additional information, please contact myself at 808-691-4884 or Darlena Chadwick at 808-691-4742.

Sincerely,

*Dale Schippers*

Dale Schippers, MS, DABR  
Radiation Safety Officer  
The Queen's Medical Center



**ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE**

**Name and Address of Applicant and/or Licensee**

Dale J. Schippers, M.S.  
Radiation Safety Officer  
The Queen's Medical Center  
1301 Punchbowl St  
Honolulu, HI 96813

**Date**

03/05/2020

**License Number(s)**

53-16533-04MD

**Mail Control Number(s)**

618213

**Licensing and/or Technical Reviewer or Branch**

E. Gilman

This is to acknowledge receipt of your:  Letter and/or  Application Dated: 02/28/2020

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 administrative 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**

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 02500  
Status Code: Pending Amendment  
Fee Category: 3C  
Exp. Date: 06/30/2020  
Fee Comments:  
Decom Fin Assur Reqd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION


#### 1. APPLICATION ATTACHED

Applicant/Licensee: The Queen's Medical Center  
Received Date: 02/28/2020  
Docket Number: 3038265  
Mail Control Number: 618213  
License Number: 53-16533-04MD  
Action Type: Amendment

#### 2. FEE ATTACHED

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

#### 3. COMMENTS

Signed:   
Date: 20200305

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