VOID SHEET

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70:	License Fee Hanagement Branch	
FROM:	Bol Hattene, RIII	
SUBJECT:	VOIDED APPLICATION	

89256 Control Number: Detroit Ostegrathic Hoze Corp 7-10-90 Applicant: Date Voided: Reason for void: additional information needed, hiense will not be able to submit information defore togetion due date. Licence will submit additional information ASAP and reactivate C/N 89256 at a later date

Robert D. Sattore h. 7-10-90

RECEIVED

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Refund Authorized and processed to revien my? Fee Exempt or Fee Not Required

Log completed Processed by:

Dr.

9101090514 900710 REG3 LIC30 MATLSLICENSING PDR

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Comments:

Attachment:

Utficial Record Copy of Voided Action

R No Refund Due Ol

Final Review of VUID Completed:

FOR LEMB USE ONLY

(FOR LEMS USE) . INFORMATION FROM LTS BETWEEN: LICENSE FEE MANAGEMENT BRANCH, ARM : PROGRAM CODE: 02120 : STATUS CODE: 2 AND : FEE CATEGORY: 7C REGIONAL LICENSING SECTIONS : EXP. DATE: 19900531 : FEE COMMENTS: LICENSE FEE TRANSMITTAL A. REGION APPLICATION ATTACHED 1. APPLICANT/LICENSEE: DETRDIT OSTEOPATHIC HOSPITAL CORP. RECEIVED DATE: 900427 DOCKET NO: 3002042 CONTROL NO .: 389256 21-04082-01 LICENSE NO.: ACTION TYPE: AMENDMENT 200 00 2. FEE ATTACHED AMOUNT : 80% CHECK ND .: 3. COMMENTS SIGNED . B. LICENSE FEE MANAGEMENT BRANCH (CHECK , WHEN MILESTONE 03 IS ENTERED /__/) \$1207C 1. FEE CATEGORY AND AMOUNT: 2. CORRECT FEE PAID. APPLICATION MAY BE PROCESSED FOR: -----AMENDMENT RENEWAL LICENSE 3. OTHER SIGNED _____ Per Pit U. this will not be contined with the Renuest on 389257

TIME DATE CONVERSATION RECORD 7-10-90 TYPE ROUTING TELEPHONE VISIT CONFERENCE NAME/SYMBOL INT INCOMING OUTGOING Location of Visit/Conference ORGANIZATION (Office, dept., bureau. NAME OF PERSON(S) CONTACTED OR IN CONTACT TELEPHONE NO WITH YOU Rog Burting Detroit Go 746-4300 Herp tern. alyan SUBJECT 89256 action is due on 7-27-90. Kerefore check to SUMMARY te and reactivate (/N # 89256. No fe needer Ricence agreed to Request a reactivation to GN 89356. ACTION REQUIRED NAME OF PERSON DOCUMENTING CONVERSATION SIGNATURE DATE ACTION TAKEN SIGNATURE DATE TITLE 7-10-90 Revener 50271-101 OPTIONAL FORM 271 (12-7' CONVERSATION RECORD

JUN 27 1990

Detroit Osteopathic Hospital Corporation ATTN: Duane Darnell, D.O. Executive Vice President/ Chief Medical Officer Central Offices 26100 American Drive P.O. Box 5153 Southfield, MI 48086-5153

Gentlemen:

We have reviewed your letter dated April 16, 1990 requesting amendment to NRC License Number 21-04082-01 and find that we will need additional information as follows:

In order for us to authorize Dr. Lutsic as a user on this license you will need to submit a copy of his board certification or documentation of his training and experience pursuant to 10 CFR 35.940. This training and experience must have been obtained within five years preceding the date of your request, or Dr. Lutsic must have had related continuing education and experience since the required training and experience was completed (see 10 CFR 35.972). Use Regulatory Guide 10.8, Revision 2, Supplement A and B forms to document training and experience.

We will continue our review of your application upon receipt of this information. Please reply in duplicate, within 30 days, and refer to Control Number 89256.

Upon failure to file a response within the specified time, we will consider that you have abandoned your request and will void this action. This is without prejudice to resubmission of the application.

If you have any questions or require clarification on any of the information stated above, you may contact us at (708) 790-5625.

Sincerely,

Original Signed By Robert G. Gattone, Jr. Materials Licensing Section

Enclosures: 1. Regulatory Guide 10.8, Revision 2 2. 10 CFR Part 35 RIII

B M Gattone/bt 06/20/90 Detroit Osteopathic Hospital Corporation

AN AFFILIATE OF HORIZON, HEALTH SYSTEMS

April 16, 1990

RETURN RECEIPT REQUESTED Certified Mail #P 025 007 976

Material Licensing Section U.S. Nuclear Regulatory Commission Region III 799 Roosevelt Road Glen Ellyn, Illinois 60137

Re: Byproduct Material License: 21-04082-01

Gentlemen:

This letter is to request an amendment to the above license.

We request the removal of Joel M. Nass, D.O. as an authorized user of Group VI materials. He is no longer affiliated with our institution.

We request the addition of Ronald C. Lutsic, D.O. as an authorized user of Group VI materials. He was certified in Radiation Oncology by the American Osteopathic Board of Radiology in 1986. A copy of his curriculum vitae is enclosed.

A category 7.B amendment fee of \$300.00 is enclosed. Please contact me if you need additional information.

Sincerely,

please clunced 50

Duane Darnell, D.O. Executive Vice President/Chief Medical Officer

Enclosure

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26100 American Drive P.O. Box 5153 Southfield, Michigan 48086 - 5153 313-746-4300 APR 27 1990 REGION III

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APR 2 7 1990

CONTROL NO. 89256

C. FEE MGM

CURRICULUM VITAE

NAME :	Ronald Charles Lutsic, D.O.	
PERMANENT ADDRESS:	25250 East River Rd. Grosse Ile, Mi 48138 (313) 675-8798	
OFFICE:	Detroit Osteopathic Hospital Department of Radiaiton Oncology 12523 Third Avenue Highland Park, Michigan 48203 (313) 252-4210	
MISCELLANEOUS:	Born July 3, 1956, single	
EDUCATION:	Grosse Ile High School, Grosse Ile, Michigan Diploma 1974	
	Drake University, Des Moines, Iowa B.A. degree 1978, Magna Cum Laude (3.70-3.80) Awarded Department Honors in Biology (3.80-4.0)	
	University of Osteopathic Medicine and Health Sciences/ College of Osteopathic Medicine and Surgery, Des, Moines, Iowa, D.O. (Doctor of Osteopathy) 1981	
	Detroit Osteopathic Hospital Corp. Detroit, Michigan Residency - Radiation Oncology, 1982 to 1985 Advanced Training at M.D. Anderson Hospital & Tumor Institute, January to March 1985	
BOARD CERTIFIED:	Radiation Oncology - A.O.B.R., 1986	
CLINICAL APPOINTMENTS		
1988 - present	Assistant Professor of "adiology, Michigan State University College of osteopathic Medicine, Lansing, MI	
1988	Program Director, Radiation Oncology Residency Program Detroit Osteopathic Hospital, Highland Park, MI	
HONORS:	Sigma Sigma Phi, National Honory Osteopathic Society Alpha Epsilon Delta, National Honorary Premdical Society Beta Beta Beta, National Honorary Biological Society	
GRAUDATION AWARDS:	Special Certificate for Excellence in Pediatrics, 6/81 Special Certificate for Excellence in Family Practice, 6/81	
	Special Certificate for Excellence in Osteopathic Medicine, 6/81	

rcl:CV1

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Dr. Ronald C. Lutsic Page 2

AWARDS:	Auxillary to the American Osteopathic Association National Scholarship Award Intermedic's Pacemaker Essay Contest Scholarship for Manuscript on Cardiac Pacing Medical Student Fellowship, 1980 Cleveland Clinic Foundation, Cleveland, Ohio
LICENSE:	State of Michigan/State of Florida
EXAMINATION:	Diploma of National Board of Examiners for Osteopathic Physicians and Surgeons
PROFESSIONAL SOCIETY MEMBERSHIPS:	American Osteopathic Association American Osteopathic College of Radiology The Radiological Society of North America American Society of Therapeutic Radiology and Oncology Michigan Society of Therapeutic Radiologists American Society of Clinical Oncologists Christian Medical Society
PUBLICATIONS	Lutsic, R.C., Dermatologic Manifestations of Cutaneous T-Cell Lymphoma, Michigan Osteopathic Journal June/July, 1985, Volume L. No. 6, page 33-36
REFERENCES:	Available on request

rcl:CV2



UNITED STATES NUCLEAR REGULATORY COMMISSION WASHINGTON, D. C. 20555

Detroit Osteopathic Hospital Corporation ATTN: Duane Darnell, D.O. 26100 American Drive P.O. Box 5153 Southfield, Michigan 48086-5153

REFUND OF APPLICATION FEE

1. BACKGROUND:

Check Received	May 7, 1990
Application Dated	April 16, 1990
Check Number	007003
Check Amount	\$300

2. REFUND:

Amount

\$180

This refund is now being processed and will be sent as soon as possible.

3. REASON FOR REFUND:

Overpayment of amendment fee for application dated April 16, 1990 for License 21-04082-01 as specified in fee Category 7C (\$120) of Section 170.31, 10 CFR 170.

NOTE: THE ENCLOSURE 10 CFR 170 CONTAINS THE COMMISSION'S CURRENT SCHEDULE OF MATERIALS LICENSE FEES. IF YOU HAVE ANY QUESTIONS CONCERNING THE FEES TO BE SUBMITTED WITH FUTURE APPLICATIONS, PLEASE CONTACT US AT 301-492-4650.

> Maurice Messier License Fee and Debt Collection Branch Division of Accounting and Finance Office of the Controller

Enclosure: 10 CFR 170