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DNMS

U.S. Nuclear Regulatory commission
ATTN: Regional Administrator
612 E. Lamar Blvd., Suite 400
Arlington, TX 76011-4125

Licensee Name: Rapid City Regional Hospital, Inc.
License Number: 40-00238-04
Date: 2/20/2020

Subject:

- To change the name of the licensee.
 - License item 1. Change from Rapid City Regional Hospital, Inc. to Monument Health, Inc.
 - License item 10.A. Change from Regional Heart and Vascular Institute to Monument Health Heart and Vascular Institute.
 - License item 10.B. Unchanged.
 - License item 10.C. Change from Rapid City Regional Hospital to Monument Health Rapid City Hospital.
 - License item 10.D. Change from Queen City Regional City Medical Clinic to Monument Health Spearfish Clinic, North 10th Street.

There has been no change in the physical departments or address of any of these locations.
There has been no change in the control or ownership of the license.
This was a re-branding of the name from Regional Health to Monument Health.

Thank you,

James S. McKee Jr.
Medical Physicist
Radiation Safety Officer
Monument Health Rapid City Hospital, Inc.
353 Fairmont Blvd
Rapid City, SD 57701
(605) 755-2339
jmckee1@monument.health

PUBLIC
 Immediate Release
 Normal Release

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

Reviewer: T5 Date: 3/4/20

T5



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Mr. James S. McKee, Jr.
Radiation Safety Officer
Rapid City Regional Hospital, Inc.
353 Fairmont Blvd.
Rapid City, SD 57701

Date

03/06/2020

License Number(s)

40-00238-04

Mail Control Number(s)

618241

Licensing and/or Technical Reviewer or Branch

E. Gilman

This is to acknowledge receipt of your: Letter and/or Application Dated: 02/20/2020

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 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: 02230
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 03/31/2021
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Rapid City Regional Hospital, Inc.
Received Date: 03/02/2020
Docket Number: 3003231
Mail Control Number: 618241
License Number: 40-00238-04
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed: 
Date: 20200306

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: _____