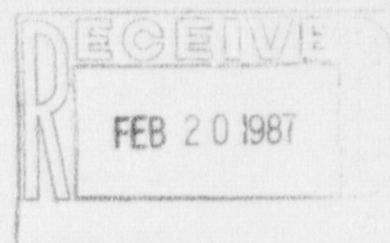


MS-16  
T1

**B. AHLUWALIA, PH.D.**  
RADIOLOGICAL PHYSICIST



Certified by:  
American Board of Radiology  
American Board of Science of Nuclear Medicine  
Radiation Physics Services:  
Diagnostic Radiology, Nuclear Medicine,  
Radiation Therapy, Safety, Computer Applications

7313 SKYLARK LN.  
OKLAHOMA CITY, OKLAHOMA 73132

February 17, 1987

Mr. Jack E. Whitten  
Nuclear Materials Safety Section  
U.S. Nuclear Regulatory Commission  
Region IV, Ryan Plaza Drive, Suite 1000  
Arlington, Texas 76011

Dear Mr. Whitten,

With reference to our telephone conversation related to the NRC new license application of Sayre Memorial Hospital, Sayre, for human use of radionuclides under Title 10 CFR Part 35, specific question related to the frequency of the personnel training was raised. I write to state that in-service education will be provided on annual basis and at the time of entry to the new personnel in the radiology and other pertinent divisions. This information may be considered as part of the license application.

Please let me know if any other information is required.

Thank you.

Sincerely yours

*B. Wally Ahluwalia*

B. Wally Ahluwalia, Ph.D.  
Diplomate ABR & ABSNM

CC: Mr. Larry Anderson  
Administrator, Sayre Memorial Hospital  
501 East Washington  
Sayre, Oklahoma 73662

Dr. Robert P. Metcalf, M.D., Radiologist  
Ms. Holly Drinnon, Supervisor,  
Department of Radiology, Sayre Memorial Hospital

B707100242 B70305  
REG4 LIC30  
35-26869-01 PDR

461372

DATE 2.17.87

TELEPHONE OR VERBAL CONVERSATION RECORD

TIME 10:45 ☒ AM  
☐ PM

☐ INCOMING CALL

☐ OUTGOING CALL

☐ VISIT

PERSON CALLING

OFFICE/ADDRESS

PHONE NUMBER | EXTENSION

PERSON CALLED

OFFICE/ADDRESS

PHONE NUMBER | EXTENSION

B. Wally Ahluwalia, Ph.D.

University of Ok HSC  
CONVERSATION

405-271-6121

SUBJECT

License Application for Sayre Memorial Hospital

SUMMARY

Training frequency. 10 CFR 19.12 annually and at hire.

Will send letter today.

REFERRED TO:

JOY

ACTION REQUESTED

Milestone 15

thx/ Jack

ACTION TAKEN

☐ ADVISE ME OF  
ACTION TAKEN.

INITIALS

DATE

INITIALS

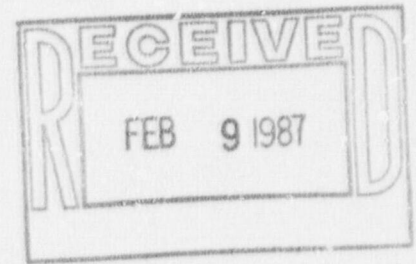
DATE



UNITED STATES  
NUCLEAR REGULATORY COMMISSION

REGION IV  
611 RYAN PLAZA DRIVE, SUITE 1000  
ARLINGTON, TEXAS 76011

03029731



BETWEEN: William O. Miller, Chief  
License Fee Management Branch  
Office of Administration

R. J. Everett, Chief  
Material Radiation Protection Section, TPB,  
DV&TP, RIV

LICENSEE FEE TRANSMITTAL

A. REGION IV

1. APPLICATION ATTACHED

Applicant/Licensee:

Application Dated:

Control No.:

License No.:

Sage Mem. Hosp.  
1/29/87  
461372  
(030-29731) CHL 26869

2. FEE ATTACHED

Amount:

Check No.:

/  
/

3. COMMENTS

Signed

Date

Laura Hickey  
2/3/87

B. LICENSEE FEE MANAGEMENT BRANCH

1. Fee Category and Amount:

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

Amendment \_\_\_\_\_

Renewal \_\_\_\_\_

License / \_\_\_\_\_

**FEE EXEMPT**

170.116245 Entry

Signed

Date

M. Hickey  
2/5/87