



9/1/2020

United States Nuclear regulatory Commission Region IV
License Division
1600 E. Lamar Blvd.
Suite 400
Arlington, TX 76011-4511

Mail Control Number: 623025
Docket Number : 3003231
License Number : 40-00238-04
Licensee Name : Monument Health, Inc.

Subject: Amendment Request
License # 40-00238-04

This is a request to add Rolly Holcomb, MD as an Authorized User for 35.100, 35.200, and 35.300.

I have included the proper 313A forms

Thank you for your time,

A handwritten signature in black ink, appearing to read "Jim Mckee", with a long horizontal flourish extending to the right.

Jim Mckee
Medical Physicist
Radiation Safety Officer
John T. Vucurevich Regional Cancer Care Institute
353 Fairmont Blvd
Rapid City, SD 57701
(605) 755-2339
jmckee1@Monument.health



AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590]

Name of Proposed Authorized User Rolly Holcomb, MD	State or Territory Where Licensed South Dakota
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Requested Authorization(s) (check all that apply)

35.100 Uptake, dilution, and excretion studies 35.200 Imaging and localization studies

35.500 Sealed sources for diagnosis (specify device)

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

- 1. Board Certification**
- a. Provide a copy of the board certification.
 - b. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(i), provide the following:
 - (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
 - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
 - c. Stop here.
- 2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**
- a. Authorized user on Materials License _____ meeting 10 CFR 35.390, 10 CFR 35.57 for 35.300 uses, or equivalent Agreement State requirements seeking authorization for 35.290.
 - b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

Total Hours of Experience:

Supervising Individual	License/Permit Number listing supervising individual as an authorized user or authorized nuclear pharmacist
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Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

35.290 35.390 + generator experience in 32.290(c)(1)(ii)(G) 35.55 35.57 for 35.200 uses

c. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	40	July 1, 2015 - June 30, 2019
Radiation protection	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	40	July 1, 2015 - June 30, 2019
Mathematics pertaining to the use and measurement of radioactivity	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	40	July 1, 2015 - June 30, 2019
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	40	July 1, 2015 - June 30, 2019
Radiation biology	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	40	July 1, 2015 - June 30, 2019
Total Hours of Training:		200	

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience		Total Hours of Experience:	
		700	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1, 2015 - June 30, 2019
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1, 2015 - June 30, 2019

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1, 2015 - June 30, 2019
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1, 2015 - June 30, 2019
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1, 2015 - June 30, 2019
Administering dosages of radioactive drugs to patients or human research subjects	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1, 2015 - June 30, 2019
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No*	July 1, 2015 - June 30, 2019

Supervising Individual Neil Hansen, MD	License/Permit Number listing supervising individual as an authorized user or an authorized nuclear pharmacist for generator training NE RML # 01-88-01
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Supervisor meets the requirements below, or equivalent Agreement State requirements (*check one*).

- 35.190
 35.290
 35.390
 35.390 + generator experience in 35.290(c)(1)(ii)(G)
 35.55
 35.57 for 35.200 uses

*Not required for 10 CFR 35.100 use.

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 35.100, 35.200, and 35.500)
[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each use requested:

For 35.190

I attest that Rolly Holcomb, MD has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

I attest that Rolly Holcomb, MD has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290 (c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses under 10 CFR 35.100 and 35.200.

Second Section

Complete one of the following for attestation and signature:

Authorized User:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

35.190 35.290 35.390 35.390 + generator experience 35.57 for 35.200 uses

OR

Residency Program Director:

I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:

35.190 35.290 35.390 35.390 + generator experience 35.57 for 35.200 uses

I affirm that this facility member concurs with the attestation I am providing as program director.

I affirm that the residency training program is approved by the:

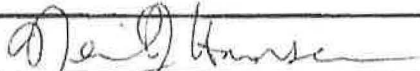
Residency Review Committee of the Accreditation Council for Graduate Medical Education

Royal College of Physicians and Surgeons of Canada

Council on Post-Graduate Training of the American Osteopathic Association

I affirm that the residency training program includes training and experience specified in:

35.190 35.290

Name of Facility: The Nebraska Medical Center, Omaha, NE		License/Permit Number: NE RML # 01-88-01	
Name of Preceptor or Residency Program Director (Typed or Printed) Neil Hansen, MD		Telephone Number 4025591300	Date 08/05/2020
Signature 			



**AUTHORIZED USER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
(for uses defined under 35.300)
[10 CFR 35.390, 35.392, 35.394, and 35.396]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 06/30/2019

Name of Proposed Authorized User

Rolly Holcomb, MD

State or Territory Where Licensed

South Dakota

Requested Authorization(s) (check all that apply):

35.300 Use of unsealed byproduct material for which a written directive is required

OR

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

35.300 Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required

35.300 Parenteral administration of any other radionuclide for which a written directive is required

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

1. Board Certification

a. Provide a copy of the board certification.

b. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.

c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.

d. Skip to and complete Part II Preceptor Attestation.

2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):

35.390 35.392 35.394 35.490 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory Training 35.390 35.392 35.394 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	40	July 1, 2015 - June 30, 2019
Radiation protection	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	40	July 1, 2015 - June 30, 2019
Mathematics pertaining to the use and measurement of radioactivity	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	40	July 1, 2015 - June 30, 2019
Chemistry of byproduct material for medical use	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	40	July 1, 2015 - June 30, 2019
Radiation biology	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	40	July 1, 2015 - June 30, 2019
Total Hours of Training:		<input type="text" value="200"/>	

b. Supervised Work Experience 35.390 35.392 35.394 35.396

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Supervised Work Experience		Total Hours of Experience: 700	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1, 2015 - June 30, 2019
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1, 2015 - June 30, 2019
Calculating, measuring, and safely preparing patient or human research subject dosages	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1, 2015 - June 30, 2019
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1, 2015 - June 30, 2019
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures	The Nebraska Medical Center; Omaha, NE NE RML # 01-88-01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	July 1, 2015 - June 30, 2019

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Neil Hansen, MD	NE RML # 01-88-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)**:

- 35.390 With experience administering dosages of:
- 35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- 35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- 35.396 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience

If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	3	The Nebraska Medical Center Omaha, NE NE RML # 01-88-01	7-1-2015 thru 6-30-2019
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)	13	The Nebraska Medical Center Omaha, NE NE RML # 01-88-01	7-1-2015 thru 6-30-2019
Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required			
Parenteral administration of any other radionuclide for which a written directive is required <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>			

(List radionuclides)

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Neil Hansen, MD	NE RML # 01-88-01

Supervising individual meets the requirements below, or equivalent Agreement State requirements (*check all that apply*)**:

- 35.390 : With experience administering dosages of:
 - 35.392 Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
 - 35.394 Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
 - 35.396 Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
 - Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation.

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each requested authorization:

For 35.390:

Board Certification

I attest that _____ has satisfactorily completed the training and experience requirements in 35.390(a)(1).
Name of Proposed Authorized User

OR

Training and Experience

I attest that Rolly Holcomb, MD has satisfactorily completed the 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, as required by 10 CFR 35.390 (b)(1).
Name of Proposed Authorized User

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Rolly Holcomb, MD has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

I attest that Rolly Holcomb, MD has satisfactorily completed the 80 hours of classroom
Name of Proposed Authorized User

and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

I attest that Rolly Holcomb, MD has satisfactorily completed the required clinical case
Name of Proposed Authorized User

experience required in 35.390(b)(1)(ii)G listed below:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Third Section

I attest that Rolly Holcomb, MD has satisfactorily achieved a level of competency to
Name of Proposed Authorized User

function independently as an authorized user for:

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

I attest that _____ is an authorized user under 10 CFR 35.490 or 35.690
Name of Proposed Authorized User

or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:

I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

- Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required
- Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section


Complete the following for preceptor attestation and signature:

I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

- 35.390 35.392 35.394 35.396

I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

- Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- Parenteral administration of beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV requiring a written directive is required
- Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor Neil Hansen, MD	Signature 	Telephone Number (402) 559-1300	Date 7-21-2020
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License/Permit Number/Facility Name
NE RML # 01-88-01; The Nebraska Medical Center; Omaha, NE 68198-5480

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: Monument Health, Inc.
Received Date: 09/01/2020
Docket Number: 3003231
Mail Control Number: 623025
License Number: 40-00238-04
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

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: _____



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Jim Mckee; Radiation Safety Officer
Monument Health, Inc.
353 Fairmont Boulevard
Rapid City, SD 57701

Date

09/11/2020

License Number(s)

40-00238-04

Mail Control Number(s)

623025

Licensing and/or Technical Reviewer or Branch

E. Gilman

This is to acknowledge receipt of your: Letter and/or Application Dated: 09/01/2020

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:

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**