



BOZEMAN HEALTH

RECEIVED
11/16/2020

Mail Control Number: 623684
Docket Number : 3033305
License Number : 25-10994-04
Licensee Name : Bozeman Health Deaconess Hospital

Carol L. Hill, Licensing Assistant
United States Nuclear Regulatory Commission
Region IV
Medical Licensing Section
1600 East Lamar Boulevard
Arlington, Texas 76011-4511

carol.hill@nrc.gov

November 11, 2020

SUBJECT: Notification Letter for NRC license 25-10994-04 Bozeman Health Deaconess Hospital

MS Hill,

We wish to remove **Dr Ryan C Kirwan** from our license for all uses.
This change has been approved by the Radiation Safety Committee

Thank you

Jacquelin Sikoski
System Director for Diagnostics and Therapeutics
Bozeman Health Deaconess Hospital

Kari Cann MS DABR
Radiation Safety Officer
Bozeman Health Deaconess Hospital

From: [Schroeder,Sandra](#)
To: [Hill, Carol](#)
Cc: [Cann,Kari](#); [Sikoski,Jacqueline](#)
Subject: [External_Sender] Amendment to NRC license 25-10994-04 Bozeman Health Deaconess Hospital
Date: Monday, November 16, 2020 1:33:20 PM
Attachments: [2020_11_11_NRC_License_Amendment-Remove_Kirwan.pdf](#)

Ms. Hill,

Please find attached, the necessary documentation for amendment of NRC License 25-10994-04, removing Dr. Ryan C Kirwan from our license for all uses.

Please direct any questions to our Radiation Safety Officer, Kari Cann, MS, at 406.788.7887 or kcann@bozemanhealth.org.

Thank you,

Sandy Schroeder

Executive Assistant, Administration

BOZEMAN HEALTH

915 Highland Boulevard

Bozeman, MT 59715

Tel: 406.414.1040

SSchroeder@bozemanhealth.org

www.bozemanhealth.org



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ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Kari L. Cann, M.S., DABR
Radiation Safety Officer
Bozeman Health Deaconess Hospital
915 Highland Blvd
Bozeman, MT 59715

Date

11/18/2020

License Number(s)

25-10994-04

Mail Control Number(s)

623684

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 11/11/2020

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**

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3033305 LICENSE NUMBER: 25-10994-04 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 623684 RECEIPT DATE: 11/16/2020 ACTION TYPE: Amendment

DUE DATE: 02/14/2021 INST. CODE: 10994 LICENSE REGION: Region 4

LICENSE TYPE: 30 ENTITY TYPE: C LICENSE GROUP: Medical

ISSUE DATE: ORIGINAL DATE: 09/15/1993 EXPIRATION DATE: 04/30/2025

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Bozeman Health Deaconess Hospital DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: 915 Highland Boulevard CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Bozeman STATE: MT ZIP: 59715

CONTACT PERSON: PREFIX: FIRST NAME: Kari MIDDLE INITIAL: L.

LAST NAME: Cann SUFFIX: M.S., DABR

JOB TITLE: Radiation Safety Officer PHONE: 406-788-7887 FAX: 406-522-1657 EMAIL: kcann@bdh-boz.com

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Montana ZIP:

BILLING CONTACT PERSON: FIRST NAME: MIDDLE INITIAL: LAST NAME:

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 02230 SECONDARY PGM CODE: 02120,02220,02240

INSPECTION REGION: Region 4 PRIORITY: 2

RSO: PREFIX: FIRST NAME: Kari MIDDLE INITIAL: L. LAST NAME Cann

SUFFIX: M.S., DABR RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 406-788-7887 RSO FAX: 406-522-1657 RSO EMAIL: kcann@bdh-boz.com

STATES WHERE USE IS AUTHORIZED: 1
0- ALL LISTED STATES
1- SAME AS STATE IN ADDRESS
2- ALL STATES
3- NON-AGREEMENT-STATES

AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):