K_gj Amlrpmj Lsk`cp8 402..7
Bmaicr Lsk`cp8 1..02.2
Jgaclqc Lsk`cp8 03+/05/.+./
Jgaclqcc L_kc8@clcdgq Fmqngr_jq

Pcacgtcb
//-/0-0.0.

Benefis
HEALTH SYSTEM

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 25-12710-01 Benefis Hospitals

MS Hill,

We wish remove Dr. James Harris from our license

This change has been approved by the Radiation Safety Committee

Thank you

Paul Fulbright
Management Representative
Radiology Manager
Benefis Hospitals

Kari Cann, MS DABR
Radiation Safety Officer
Benefis Hospitals

From:	Cann,Kari
To:	Hill, Carol
Cc:	Fulbright,Paul; Cann,Kari
Subject:	[External_Sender] Notification to remove an AU from License 25-12710-01
Date:	Thursday, November 12, 2020 6:06:01 PM
Attachments:	Benefis Letter to NRC re Dr Harris .pdf

Hello MS Hill
Please see the attached letter removing Dr. James Harris from our license for all uses

Thank you

Kari Cann, MS DABR
RSO
Benefis Hospitals
Montana Medical Physics Services, LLC
406-788-7887

NRC FORM 532
(05-2016)

U.S. NUCLEAR REGULATORY COMMISSION

ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee	Date
Ms. Kari L. Cann, M.S. Radiation Safety Officer Benefis Hospitals Radiology Department 1101 26th Street South Great Falls, Montana 59405-5193	12/15/2020
	License Number(s) 25-12710-01
	Mail Control Number(s) 624009
	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:**

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: 09/30/2025
Fee Comments: CAL OF THEIR OWN INSTR OK
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Benefis Hospitals
Received Date: 11/12/2020
Docket Number: 3002404
Mail Control Number: 624009
License Number: 25-12710-01
Action Type: Amendment

2. FEE ATTACHED

Amount: N/A

Check No.: N/A

3. COMMENTS

Signed: Carol L. Hill

Date: 12/15/2020

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: _____

WBL WORKSHEET

DOCKET NUMBER: 3002404 LICENSE NUMBER: 25-12710-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 624009 RECEIPT DATE: 11/12/2020 ACTION TYPE: Amendment

DUE DATE: 02/10/2021 INST. CODE: 12710 LICENSE REGION: Region 4

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

ISSUE DATE: ORIGINAL DATE: 08/25/1989 EXPIRATION DATE: 09/30/2025

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Benefis Hospitals DECOM FIN ASSUR REQD: N SUBM: N

MAILING ADDRESS LINE1: 1101 26th Street South CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Great Falls STATE: MT ZIP: 59405-5193

CONTACT PERSON: PREFIX: Mr. FIRST NAME: Terry MIDDLE INITIAL:

LAST NAME: Olinger SUFFIX:

JOB TITLE: President PHONE: 406-455-5000 FAX: 406-731-8270 EMAIL: karicann@benefis.org

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: 02120,02240

INSPECTION REGION: Region 4 PRIORITY: 2

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

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

RSO PHONE: 406-788-7887 RSO FAX: 406-731-8270 RSO EMAIL: karicann@benefis.org

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):