

RECEIVED
09/08/2021

Mail Control Number: 628601
Docket Number : 3003249
License Number : 40-12378-01
Licensee Name : Sanford Medical Center



September 8, 2021

Via email: RidsRgn4MailCenter.Resource@nrc.gov
Carol.Hill@nrc.gov
RobertoJ.Torres@nrc.gov

U.S. Nuclear Regulatory Commission, Region IV
Division of Nuclear Materials Safety, Materials Licensing and Inspection Branch
Attn: Roberto J. Torres, M.S., Senior Health Physicist
1600 E. Lamar Blvd.
Arlington, TX 76011-4511

RE: Amendment Request for NRC License No. 40-12378-01 (Docket No. 030-03249)

Dear Mr. Torres,

Pursuant to 10 CFR 35.14(b)(1), Sanford Medical Center hereby provides notification that Alex Pegram, DMP discontinued his role as Authorized Medical Physicist (AMP) on August 20, 2021. Dr. Pegram should be removed as an AMP from item 12.E of Nuclear Regulatory Commission License No. 40-12378-01.

Please do not hesitate to contact me if you have any questions or comments. For technical questions, please contact Dr. Christopher Fischer, RSO, at 605-731-9544 or Ms. Jennifer Stapleton, ARSO, at 605-212-5800.

Sincerely,

A handwritten signature in black ink that reads "Bridget O'Brien-Johnson". The signature is written in a cursive style.

Bridget O'Brien-Johnson, MSN, RN, CNML
Executive Director Heart & Vascular
Management Representative to the Radiation Safety Committee
Office Phone: 605-328-6962

From: [OBrien-Johnson,Bridget](#)
To: [RidsRgn4MailCenter Resource](#)
Cc: [Hill, Carol](#); [Torres, Roberto](#)
Subject: [External_Sender] Amendment Request for NRC License No. 40-12378-01 (Docket No. 030-03249)
Date: Wednesday, September 8, 2021 2:08:35 PM
Attachments: [2323_001.pdf](#)

Mr. Torres and Ms. Hill,

Please find our amendment request for NRC License No. 40-12378-01 (Docket No. 030-03249) attached. If you have any questions, I can be reached at the email or phone numbers provided below.

Thank you,

Bridget O'Brien-Johnson MSN RN CNML | Executive Director Heart & Vascular
Bridget.obrien-johnson@sanfordhealth.org | office (605) 328-6962 | cell (605) 321-5394
Sanford Health | Sioux Falls, SD

Kristina Werdel | Executive Assistant
kristina.werdel@sanfordhealth.org | office (605) 328-6939

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ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Ms. Bridget O'Brien-Johnson, MSN, RN, CNML
Executive Director, Heart and Vascular
Sanford Medical Center
dba Sanford USD Medical Center
P.O. Box 5039
Sioux Falls, SD 57117-5039

Date

09/21/2021

License Number(s)

40-12378-01

Mail Control Number(s)

628601

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 09/08/2021

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: 02/28/2026
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Sanford Medical Center
Received Date: 09/08/2021
Docket Number: 3003249
Mail Control Number: 628601
License Number: 40-12378-01
Action Type: Amendment

2. FEE ATTACHED

Amount: N/A

Check No.: N/A

3. COMMENTS

Signed: Carol L. Hill

Date: 09/21/2021

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: _____

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3003249 LICENSE NUMBER: 40-12378-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 628601 RECEIPT DATE: 09/08/2021 ACTION TYPE: Amendment

DUE DATE: 12/07/2021 INST. CODE: 12378 LICENSE REGION: Region 4

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

ISSUE DATE: ORIGINAL DATE: 06/30/1989 EXPIRATION DATE: 02/28/2026

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Sanford Medical Center DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: P.O. Box 5039 CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Sioux Falls STATE: SD ZIP: 57117-5039

CONTACT PERSON: PREFIX: FIRST NAME: Bridget MIDDLE INITIAL:

LAST NAME: O'Brien-Johnson SUFFIX: MSN, RN, CNML

JOB TITLE: Executive Director, Heart & Vas PHONE: 605-328-6962 FAX: 605-333-1531 EMAIL: bridget.obrienjohnson@

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: South Dakota 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: FIRST NAME: Christopher MIDDLE INITIAL: D. LAST NAME Fischer

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

RSO PHONE: 605-731-9544 RSO FAX: 605-328-6045 RSO EMAIL: christopher.fischer@sanfordhealth.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):