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1325 S. Cliff Ave.
P.O. Box 5045
Sioux Falls, SD 57117-5045
605-322-8000

AveraMcKennen.org

December 2, 2022

Nuclear Regulatory Commission
Region IV
1600 E. Lamar Blvd.
Arlington, TX 76011

Re: Removing Authorized Users under Condition 12. B. RML# 40-16571-02.

Dear Sir or Madam:

We, Avera McKennan Hospital, would like to amend our Radioactive Materials License number 40-16571-02 to conduct the following:

- **Remove** under condition 12.B. "The following individuals as authorized users for the material and medical uses as indicated":
 - **Dr. Jay P. Patel**
 - **Dr. Randal L. Welter**

If you have further questions, or need additional information, please feel free to contact me.

Thank you for your time,

Mary Hennings-Frank

Mary Hennings-Frank, B.S., CNMT
Radiation Safety Officer
Avera McKennan Hospital
Mary.henningsfrank@avera.org
Office: 605-322-7155
Cell: 605-368-4609

*Sponsored by the Benedictine
and Presentation Sisters*

NRC FORM 313

U.S. NUCLEAR REGULATORY COMMISSION

(10-03-2022)
10 CFR 30, 32,
33, 34, 35, 36,
37, 39, and 40



APPLICATION FOR MATERIALS LICENSE

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 01/31/2023

Estimated burden per response to comply with this mandatory collection request: 4.3 hours. Submittal of the application is necessary to determine that the applicant is qualified and that adequate procedures exist to protect the public health and safety. Send comments regarding burden estimate to the FOIA, Library, and Information Collections Branch (T-6 A10M), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by e-mail to Infocollections.Resource@nrc.gov, and the OMB Reviewer at: OMB Office of Information and Regulatory Affairs, (3150-0120), Attn: Desk Officer for the Nuclear Regulatory Commission, 725 17th Street NW, Washington, DC 20503; e-mail: omb_submission@omb.eop.gov. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the document requesting or requiring the collection displays a currently valid OMB control number.

INSTRUCTIONS: SEE THE CURRENT VOLUMES OF THE NUREG-1556 TECHNICAL REPORT SERIES ("CONSOLIDATED GUIDANCE ABOUT MATERIALS LICENSES") FOR DETAILED INSTRUCTIONS FOR COMPLETING THIS FORM: <http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/>. SEND TWO COPIES OF THE COMPLETED APPLICATION TO THE NRC OFFICE SPECIFIED BELOW.

APPLICATION FOR DISTRIBUTION OF EXEMPT PRODUCTS FILE APPLICATIONS WITH:

MATERIALS SAFETY AND TRIBAL LIAISON BRANCH
DIVISION OF MATERIALS SAFETY, SECURITY, STATE AND TRIBAL PROGRAMS
OFFICE OF NUCLEAR MATERIALS SAFETY AND SAFEGUARDS
U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

ALL OTHER PERSONS FILE APPLICATIONS AS FOLLOWS:

IF YOU ARE LOCATED IN:

ALABAMA, CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA, FLORIDA,
GEORGIA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, NEW HAMPSHIRE,
NEW JERSEY, NEW YORK, NORTH CAROLINA, PENNSYLVANIA, PUERTO RICO,
RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, VERMONT, VIRGINIA, VIRGIN
ISLANDS, OR WEST VIRGINIA,

SEND APPLICATIONS TO:

LICENSING ASSISTANCE TEAM
DIVISION OF RADIOLOGICAL SAFETY AND SECURITY
U.S. NUCLEAR REGULATORY COMMISSION, REGION I
475 ALLENDALE ROAD, SUITE 102
KING OF PRUSSIA, PA 19406-1415
R1DRSSMail.Resource@nrc.gov

*Note: The preferred method to submit NRC Form 313 is e-mail. Any other document (e.g., financial assurance documents) should be sent via mail.

IF YOU ARE LOCATED IN:

ILLINOIS, INDIANA, IOWA, MICHIGAN, MINNESOTA, MISSOURI, OHIO, OR WISCONSIN, SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, IL 60532-4352
R3-DRSSMail.Resource@nrc.gov

*Note: The preferred method to submit NRC Form 313 is e-mail. Any other documents (e.g., financial assurance documents) should be sent via mail.

IF YOU ARE LOCATED IN:

ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, COLORADO, HAWAII, IDAHO, KANSAS,
LOUISIANA, MISSISSIPPI, MONTANA, NEBRASKA, NEVADA, NEW MEXICO, NORTH
DAKOTA, OKLAHOMA, OREGON, PACIFIC TRUST TERRITORIES, SOUTH DAKOTA, TEXAS,
UTAH, WASHINGTON, OR WYOMING,

SEND APPLICATIONS TO:

MATERIALS LICENSING BRANCH
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
1600 E. LAMAR BOULEVARD
ARLINGTON, TX 76011-4511
r4licensingactionsubmittals@nrc.gov

*Note: The preferred method to submit NRC Form 313 is e-mail. Any other document (e.g., financial assurance documents) should be sent via mail.

PERSONS LOCATED IN AGREEMENT STATES SEND APPLICATIONS TO THE U.S. NUCLEAR REGULATORY COMMISSION ONLY IF THEY WISH TO POSSESS AND USE LICENSED MATERIAL IN STATES SUBJECT TO U.S. NUCLEAR REGULATORY COMMISSION JURISDICTIONS.

1. THIS IS AN APPLICATION FOR (Check appropriate item)

☐ A. NEW LICENSE

☒ B. AMENDMENT TO LICENSE NUMBER 40-16571-02

☐ C. RENEWAL OF LICENSE NUMBER _____

2. NAME AND MAILING ADDRESS OF APPLICANT (Include zip code)

Avera McKennan Hospital/Nuclear Medicine
1325 S Cliff Ave.
Sioux Falls, SD 57117-5045

3. ADDRESS WHERE LICENSED MATERIALS WILL BE USED OR POSSESSED

Avera McKennan Hospital/Nuclear Medicine
1325 S Cliff Ave.
Sioux Falls, SD 57117-5045

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

Mary Hennings-Frank, B.S., CNMT, RSO

BUSINESS TELEPHONE NUMBER
605-322-7155

BUSINESS CELLULAR TELEPHONE NUMBER
605-368-4609

BUSINESS E-MAIL ADDRESS

mary.henningsfrank@avera.org

SUBMIT ITEMS 5 THROUGH 11 ON 8-1/2 X 11" PAPER. THE TYPE AND SCOPE OF INFORMATION TO BE PROVIDED IS DESCRIBED IN THE [LICENSE APPLICATION GUIDE](#).

5. RADIOACTIVE MATERIAL

a. Element and mass number; b. chemical and/or physical form; and c. maximum amount which will be possessed at any one time.

8. TRAINING FOR INDIVIDUALS WORKING IN OR FREQUENTING RESTRICTED AREAS.

10. RADIATION SAFETY PROGRAM.

12. LICENSE FEES (Fees required only for new applications, with few exceptions*)
(See 10 CFR 170 and Section 170.31)

*Amendments/Renewals that increase the scope of the existing license to a new or higher fee category will require a fee.

FEE
CATEGORYAMOUNT
ENCLOSED \$

PER THE DEBT COLLECTION IMPROVEMENT ACT OF 1996 (PUBLIC LAW 104-134), YOU ARE REQUIRED TO PROVIDE YOUR TAXPAYER IDENTIFICATION NUMBER. PROVIDE THIS INFORMATION BY COMPLETING NRC FORM 531: <https://www.nrc.gov/reading-rm/doc-collections/forms/nrc531info.html>.

13. CERTIFICATION. (Must be completed by applicant) THE APPLICANT UNDERSTANDS THAT ALL STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE BINDING UPON THE APPLICANT.

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATION ON BEHALF OF THE APPLICANT, NAMED IN ITEM 2, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH TITLE 10, CODE OF FEDERAL REGULATIONS, PARTS 30, 32, 33, 34, 35, 36, 37, 39, AND 40, AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

WARNING: 18 U.S.C. SECTION 1001 ACT OF JUNE 25, 1948 62 STAT. 749 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

CERTIFYING OFFICER - TYPED/PRINTED NAME AND TITLE

Mary Hennings-Frank, B.S., CNMT, RSO

SIGNATURE

Mary Hennings-Frank

DATE

12/3/22

FOR NRC USE ONLY

| TYPE OF FEE | FEE LOG | FEE CATEGORY | AMOUNT RECEIVED | CHECK NUMBER | COMMENTS |
|-------------|---------|--------------|-----------------|--------------|----------|
| | | | \$ | | |
| APPROVED BY | | | | DATE | |

From: [Mary Hennings Frank](#)
To: [R4 Licensing Action Submittals](#)
Subject: [External_Sender] Amending RML number 40-16571-02
Date: Friday, December 2, 2022 10:44:57 AM
Attachments: [Removing Dr. Patel and Dr. Welter.docx](#)
[Form 313 NRC amendment request.pdf](#)

Good Day,

We, Avera McKennan Hospital, would like to amend our Radioactive Material License number 40-16571-02.

Have a great day,

Mary Hennings-Frank

Mary Hennings-Frank | Radiation Safety Officer
Avera McKennan Hospital & University Health Center
1325 S. Cliff Ave. | Sioux Falls, SD 57105
Direct: 605-322-7155 | Cell: 605-368-4609 | Fax: 605-322-7181



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Mary Hennings-Frank
Radiation Safety Officer
Avera McKennan/Nuclear Medicine
1325 South Cliff Avenue
Sioux Falls, SD 57117-5045

Date

12/16/2022

License Number(s)

40-16571-02

Mail Control Number(s)

633844

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☒ Application Dated: 11/02/2022

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: 04826
Status Code: Pending Amendment
Fee Category: 7C(1)
Exp. Date: 03/31/2035
Fee Comments:
Decom Fin Assur Req'd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Avera McKennan/Nuclear Medicine
Received Date: 12/02/2022
Docket Number: 3039216
Mail Control Number: 633844
License Number: 40-16571-02
Action Type: Amendment

2. FEE ATTACHED

Amount: N/A

Check No.: N/A

3. COMMENTS

Signed: Carol L. Hill

Date: 12/16/2022

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: 3039216 | LICENSE NUMBER: 40-16571-02 | STATUS: Pending Amendment |
| MAIL CONTROL NUMBER: 633844 | RECEIPT DATE: 12/02/2022 | ACTION TYPE: Amendment |
| DUE DATE: 03/02/2023 | INST. CODE: 16571 | LICENSE REGION: Region 4 |
| LICENSE TYPE: 30 | ENTITY TYPE: C | LICENSE GROUP: Medical |
| ISSUE DATE: | ORIGINAL DATE: 03/10/2020 | EXPIRATION DATE: 03/31/2035 |
| DECOMMISSIONING CATEGORY: | LAST ISSUE DATE: | |
| LICENSEE NAME: Avera McKennan/Nuclear Medicine | DECOM FIN ASSUR REQD: N SUBM: N | |
| MAILING ADDRESS LINE1: 1325 South Cliff Avenue | CONT PLAN REQD: N APPRV: N | |
| MAILING ADDRESS LINE 2: | | |
| CITY: Sioux Falls | STATE: SD | ZIP: 57117-5045 |
| CONTACT PERSON: PREFIX: | FIRST NAME: Mary | MIDDLE INITIAL: |
| LAST NAME: Hennings-Frank | SUFFIX: | |
| JOB TITLE: Radiation Safety Officer | PHONE: 605-368-4609 (FAX: | EMAIL: mary.henningsfrank@a |
| 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: 04826 | SECONDARY PGM CODE: 04810,04820 | |
| INSPECTION REGION: Region 4 | PRIORITY: 2 | |
| RSO: PREFIX: | FIRST NAME: Mary | MIDDLE INITIAL: LAST NAME Hennings-Frank |
| SUFFIX: | RSO JOB TITLE: Radiation Safety Officer | |
| RSO PHONE: 605-368-4609 (cell) | RSO FAX: | RSO EMAIL: mary.henningsfrank@avera.org |
| STATES WHERE USE IS AUTHORIZED: | 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): | | |