



(907) 452-8181 Phone
(907) 458-5324 Fax
www.foundationhealth.org
1650 Cowles Street
Fairbanks, AK 99701

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August 10, 2023
Materials Licensing Branch
Division of Radiological Safety and Security
Region IV, USNRC
611 Ryan Plaza Drive Suite 400
Arlington, Texas 76011-4005

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Re: NRC License Agreement No. 50-13648-01

Dear Sir or Madam:

In accordance with 10 CFR 35.14: We wish to eliminate the following authorized users from our license:

- Mark Burton, M.D.
- Richard A. Hattan, M. D.
- Joel S. Marquess, M.D.
- Claire M. Waite, M.D.
- Gregory James Wood, D.O.

If you require additional information or documentation, please call (907) 458-6914. Thank you.

Regards,

A handwritten signature in black ink, appearing to read "David Evans".

David Evans, M.D.
Radiation Safety Officer

From: [Diez, Donna-Marie C](#)
To: [R4 Licensing Action Submittals](#)
Cc: [AKRadManagers](#)
Subject: [External_Sender] FMH License Amendment
Date: Thursday, August 17, 2023 4:32:39 PM
Attachments: [image001.png](#)
[FMH_NRC.pdf](#)

Re: NRC License No. 50-13648-01

Dear Sir/ Madam:

Please amend our radioactive materials license to reflect that the listed below be removed as authorized users.

- Mark Burton, M.D.
- Richard A. Hattan, M.D.
- Joel S. Marquess, M.D.
- Claire M. Waite, M.D.
- Gregory James Wood, D.O.

Attached is a correspondence from FMH RSO Dr. Evans requesting this amendment.

If you require additional information or documentation, please call (907) 458-6914.

Thank you.

Regards,

Donna

Donna Diez CNMT, R.T. (N)(ARRT)
Medical Imaging Supervisor Nuclear Medicine
Fairbanks Memorial Hospital
1650 Cowles Street
Fairbanks, AK 99701
907-458-6914 (office)
907-458-6904 (dept)
907-458-6926 (fax)
donna-marie.diez@foundationhealth.org



***UPCOMING OUT OF OFFICE DATES Aug 31 – Sept 4, 2023**



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee Dr. David Evans Radiation Safety Officer Foundation Health LLC dba Fairbanks Memorial Hospital 1650 Cowles Street Fairbanks, AK 99701	Date 08/23/2023
	License Number(s) 50-13648-01
	Mail Control Number(s) 636819
	Licensing and/or Technical Reviewer or Branch C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 08/10/2023

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

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3003509 LICENSE NUMBER: 50-13648-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 636819 RECEIPT DATE: 08/17/2023 ACTION TYPE: Amendment

DUE DATE: 11/15/2023 INST. CODE: 13648 LICENSE REGION: Region 4

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

ISSUE DATE: ORIGINAL DATE: 05/26/1988 EXPIRATION DATE: 09/30/2037

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: Foundation Health LLC DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: 1650 Cowles Street CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Fairbanks STATE: AK ZIP: 99701

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

LAST NAME: Evans SUFFIX: M.D.

JOB TITLE: Radiation Safety Officer PHONE: 907-458-6904 FAX: EMAIL: David.Evans@foundati

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Alaska ZIP:

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

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 02120 SECONDARY PGM CODE:

INSPECTION REGION: Region 4 PRIORITY: 3

RSO: PREFIX: FIRST NAME: David MIDDLE INITIAL: L. LAST NAME Evans

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

RSO PHONE: 907-458-6904 RSO FAX: RSO EMAIL: David.Evans@foundationHealth.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):