



**McKennen Hospital
& University Health Center**

Mail Control Number: 645069
Docket Number : 3039216
License Number : 40-16571-02
Licensee Name : Avera McKennan/Nuclear Medicine

Received 2/3/25

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

February 3, 2025

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

Re: Removal of an Authorized user license No. 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** Kevin Casper, M.D. under condition 12.B., for 35.100; 35.200, oral administration of sodium iodine I-131; Parenteral administration of any beta-emitter, or photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required; 31.11.

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

Thank you for your time,

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

Enclosed: NRC Form 313

(09-11-2024)
10 CFR 30, 32,
33, 34, 35, 36,
37, 39, and 40



APPLICATION FOR MATERIALS LICENSE

APPROVED BY OMB: NO. 3150-0120

EXPIRES: 07/31/2026

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 email 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. 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 ONE COPY 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 email. 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
DIVISION OF RADIOLOGICAL SAFETY AND SECURITY
U.S. NUCLEAR REGULATORY COMMISSION, REGION III
2056 WESTINGS AVENUE, SUITE 400
NAPERVILLE, IL 60563-2657
R3-DRSSMAIL.Resource@nrc.gov

*Note: The preferred method to submit NRC Form 313 is email. Any other document (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
DIVISION OF RADIOLOGICAL SAFETY AND SECURITY
U.S. NUCLEAR REGULATORY COMMISSION, REGION IV
1600 E. LAMAR BOULEVARD
ARLINGTON, TX 76011-4511
R4licensing@nrc.gov

*Note: The preferred method to submit NRC Form 313 is email. 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/Nuclear Medicine
1325 South Cliff Avenue
Sioux Falls, SD 57117-5045

3. LIST ADDRESS AND/OR TEMPORARY JOB SITE (TJS) ADDRESS, WHERE LICENSED MATERIALS WILL BE USED OR POSSESSED

Avera McKennan/Nuclear Medicine
1325 South Cliff Avenue
Sioux Falls, SD 57117-5045

4. NAME OF PERSON TO BE CONTACTED ABOUT THIS APPLICATION

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

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 APPLICABLE [LICENSING GUIDANCE](#).

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.

6. PURPOSE(S) FOR WHICH LICENSED MATERIAL WILL BE USED.

7. INDIVIDUAL(S) RESPONSIBLE FOR RADIATION SAFETY PROGRAM AND THEIR TRAINING AND EXPERIENCE.

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

9. FACILITIES AND EQUIPMENT.

10. RADIATION SAFETY PROGRAM.

11. WASTE MANAGEMENT.

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 CATEGORY

AMOUNT 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>. FAX THE COMPLETED NRC FORM 531 TO (301) 415-6725.

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

MaryHennings-Frank,RSO

SIGNATURE

Mary Hennings-Frank

DATE

2/3/25

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] Amendment request for RML 40-16571-02
Date: Monday, February 3, 2025 12:53:06 PM
Attachments: 25-2-3 Initial letter and form 313.pdf

Attached is an amendment request to remove Dr. Casper as an Authorized User under condition 12.B.

Much appreciated,

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

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

Date

02/04/2025

License Number(s)

40-16571-02

Mail Control Number(s)

645069

Licensing and/or Technical Reviewer or Branch

Giavanna Muffelletto

This is to acknowledge receipt of your: Letter and/or Application Dated: 02/03/2025

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:

Select a location (Use keyboard arrows to select). . .

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: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Avera McKennan/Nuclear Medicine
Received Date: 02/03/2025
Docket Number: 3039216
Mail Control Number: 645069
License Number: 40-16571-02
Action Type: Amendment

2. FEE ATTACHED

Amount: N/A

Check No.: N/A

3. COMMENTS

Signed: Giavanna Muffelletto

Date: 02/04/25

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: 645069 RECEIPT DATE: 02/03/2025 ACTION TYPE: Amendment

DUE DATE: 05/04/2025 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 cFAX: 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):