



Mail Control Number: 658025
Docket Number : 3036404
License Number : 40-32477-01
Licensee Name : DMS Health Technologies

3/4/2026

U.S. Nuclear Regulatory Commission, Region IV
1600 E. Lamar Boulevard
Arlington, TX 76011-4511

Re: Amendment to Radioactive Materials License No. 40-32477-01

Dear Regulator:

We, DMS Health Technologies, wish to amend our Radioactive Material License number 40-32477-01 to conduct the following:

- o Add Jennifer Larson, CNMT as the Associate Radiation Safety Officer (ARSO) under Condition 11.

Supporting documents include:

- Delegation of Authority
- OK RML OK-31037-01 listing Jennifer Larson, CNMT as Radiation Safety Officer

- o Remove the following Authorized Users under Condition 12.B.
 - Aaron M. Lewis, M.D.
 - Curtis T. Selser, M.D.

If you have questions or concerns, please contact me at 605-366-4950 or email me at angela.vanhill@dmshealth.com

Best Regards,

A handwritten signature in black ink that reads "Van Hill".

Angela Van Hill, CNMT
Radiation Safety Officer
DMS Health Technologies

Enclosed:

- Delegation of Authority
- OK RML OK-31037-01





Delegation of Authority

As Chief Executive Officer of DMS Health Technologies, I have appointed Jennifer Larson as the Radiation Safety Officer, and she is responsible for ensuring the safe use of radiation. Jennifer will be responsible for managing the radiation protection program; identifying radiation protection problems; initiating, recommending, and/or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with the rule.

Jennifer is hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of radioactive material by employees who do not meet the necessary requirements and shutting down operations when justified by radiation safety. Jennifer will notify management if staff do not cooperate and do not address radiation safety issues. In addition, she is free to raise issues with the Department of Health and Human Services at any time.

I also grant Ms. Larson the authority to make commitments, amendments, renew license, etc. on behalf of DMS Health Technologies.

Signature of Management Representative
Patrick Doyle, Chief Executive Officer

12/2/2025

Date

I accept the above responsibilities,

Jennifer Larson, CNMT
Radiation Safety Officer

12/2/2025

Date



OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY

MATERIALS LICENSE

Pursuant to the Oklahoma Radiation Management Act (27A O.S. § 2-9-101, *et seq.*) and the Oklahoma Radiation Management Rules (Rules) at Oklahoma Administrative Code (OAC) 252:410, including rules incorporated by reference from Title 10 of the Code of Federal Regulations, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer the source(s) of radiation (byproduct, source and special nuclear material, accelerator produced material, radium sealed sources and/or radiation machines) designated below; to use such source(s) for the purpose(s) and at the place(s) designated below; and to deliver or transfer such material to persons authorized to receive it in accordance with applicable rules. This license is subject to all applicable rules and orders of the Oklahoma Department of Environmental Quality (DEQ) now or hereafter in effect and to any conditions specified below.

Licensee	In accordance with the application dated December 2, 2025
1. DMS Health Technologies, Inc.	3. License number OK-31037-01 is hereby amended in its entirety to read as follows:
2. 109 South Petro Ave. Sioux Falls, SD 57107	4. Expiration date April 30, 2035
	5. DEQ Login No. 255637

6. Byproduct, source, and/or special nuclear material	7. Chemical and/or physical form	8. Maximum amount that licensee may possess at any one time under this license
A. Fluorine-18	A. Any	A. As needed
B. Gallium-68	B. Any	B. As needed
C. Copper-64	C. Any	C. As needed

9. Authorized use:
A. through C. Medical use described in OAC 252:410-10-35(a)(4)(C) [10 CFR 35.200].

CONDITIONS

10. Radioactive material shall be used or stored at the licensee's facilities located:
- A. Saint Francis Muskogee, 300 Edna M. Rockefeller Drive, Muskogee, Oklahoma;
 - B. Integris Grove Hospital, 1001 East 18th Street, Grove, Oklahoma;
 - C. Integris Bass Baptist Health Center, 600 South Monroe, Enid, Oklahoma;
 - D. Integris Health Ponca City Hospital, 1900 North 14th Street, Ponca City, Oklahoma;
 - E. Temporary jobsites in areas not under exclusive Federal jurisdiction, throughout Oklahoma.
11. The Radiation Safety Officer (RSO) for this license is Jennifer Larson.
12. The Assistant Radiation Safety Officer (ARSO) for this license is Angela Van Hill.
13. Authorized users:
- A. Jeremy R. Fullingim, D.O. for material identified in 10 CFR 35.200 as adopted by reference in OAC 252:410-10-35.
 - B. Timothy McCay, D.O. for material identified in 10 CFR 35.200 as adopted by reference in OAC 252:410-10-35.

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License Number
OK-31037-01

DEQ Login No.
255637

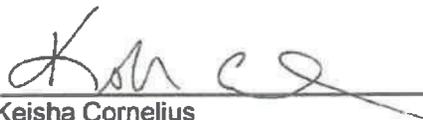
Amendment No.
40

13. C. David R. Miller, M.D. for material identified in 10 CFR 35.200 as adopted by reference in OAC 252:410-10-35.
- D. Kevin J. Yunt, D.O. for material identified in 10 CFR 35.200 as adopted by reference in OAC 252:410-10-35.
14. In addition to the possession limits in Item 8, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in OAC 252:410-10-30(3)(E) [10 CFR 30.35(d)] for establishing decommissioning financial assurance.
15. Notwithstanding the provisions of 10 CFR 35.80(b), as adopted by reference in OAC 252: 410-10-35, licensed material may be delivered to DMS Health Technologies coach at client addresses in accordance with procedures outlined in the application.
16. Except as specifically provided otherwise in this license, the licensee shall conduct its program in accordance with the statements, representations, and procedures contained in the documents, including any enclosures, listed below. This license condition applies only to those statements, representations, and procedures that are required to be submitted in accordance with the regulations. Additionally, this license condition does not limit the licensee's ability to make changes to the radiation protection program as provided for in 10 CFR 35.26. The Radiation Management Rules shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the Rules.
- A. Application dated March 17, 2025
B. E-mail and attachments dated April 16, 2025

FOR THE DEPARTMENT OF ENVIRONMENTAL QUALITY

Date January 12, 2026

By


Keisha Cornelius
Environmental Programs Manager
Radiation Management Section
Land Protection Division



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Angela Van Hill, CNMT
Radiation Safety Officer
109 South Petro Avenue
Sioux Falls, SD 57107

Date

03/23/2026

License Number(s)

40-32477-01

Mail Control Number(s)

658025

Licensing and/or Technical Reviewer or Branch

S. Collins

This is to acknowledge receipt of your: Letter and/or Application Dated: 03/04/2026

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
DRSS/MLB
1600 E. Lamar Boulevard
Arlington, TX 76011-4511**

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02220
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 09/30/2037
Fee Comments:
Decom Fin Assur Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: DMS Health Technologies
Received Date: 03/23/2026
Docket Number: 3036404
Mail Control Number: 658025
License Number: 40-32477-01
Action Type: Amendment

2. FEE ATTACHED

Amount: N/A

Check No.: N/A

3. COMMENTS

Signed: S. Collins

Date: 03/23/2026

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: 3036404 LICENSE NUMBER: 40-32477-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 658025 RECEIPT DATE: 03/23/2026 ACTION TYPE: Amendment

DUE DATE: 06/21/2026 INST. CODE: 32477 LICENSE REGION: Region 4

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

ISSUE DATE: ORIGINAL DATE: 09/10/2003 EXPIRATION DATE: 09/30/2037

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: DMS Health Technologies DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: 109 South Petro Avenue CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Sioux Falls STATE: SD ZIP: 57107

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

LAST NAME: Molchan SUFFIX:

JOB TITLE: President and Chief Executive PHONE: 701-237-9073 FAX: EMAIL: matt.molchan@dmshea

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: 02220 SECONDARY PGM CODE:

INSPECTION REGION: Region 4 PRIORITY: 3

RSO: PREFIX: FIRST NAME: Angela MIDDLE INITIAL: LAST NAME Van Hill

SUFFIX: CNMT RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 605-366-4950 RSO FAX: RSO EMAIL: Angela.VanHill@dmshealth.com

STATES WHERE USE IS AUTHORIZED: 3
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):