

## ACCEPTANCE REVIEW MEMO (ARM)

**Licensee:** S. Idaho Cardiology Assoc., PLLC      **License No.:** 11=28601-01  
**Docket No.:** 030-35279      **Mail Control No.:** 471229  
**Type of Action:** Amend      **Date of Requested Action:** 12-28-06  
**Reviewer Assigned:**      **ARM reviewer(s):** Torres & Cook

Response	Deficiencies Noted During Acceptance Review
	[ ] Open ended possession limits. Limit possession. Submit inventory. [ ] Submit copies of most recent leak test results. [ ] Add - delete IC license condition. Add IC paragraph in cover letter. [ ] Split license from cover letter. Add SUNSI marking to license. [ ] Ask the licensee if they have any type-amount of EPAct Material.

**Reviewer's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*RTT*

<input type="checkbox"/> Yes <input type="checkbox"/> No	Unrestricted release Group 2 or >: Transfer memo to FCDB within 10 days.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Decommissioning notification should be completed within 30 days.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Termination request < 90 days from date of expiration
<input type="checkbox"/> Yes <input type="checkbox"/> No	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
<input type="checkbox"/> Yes <input type="checkbox"/> No	TAR needed to complete action.

**Branch Chief's and/or Sr. HP's Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUNSI Screening according to RIS 2005-31**

Yes  No **Non-Publicly Available, Sensitive** if any item below is checked

General guidance:

- \_\_\_\_\_ RAM = or > than Category 3 (Table 1, RIS 2005-31), use Unity Rule
- \_\_\_\_\_ Exact location of RAM (whether = or > than Category 3 or not)
- \_\_\_\_\_ Design of structure and/or equipment (site specific)
- \_\_\_\_\_ Information on nearby facilities
- \_\_\_\_\_ Detailed design drawings and/or performance information
- \_\_\_\_\_ Emergency planning and/or fire protection systems

Specific guidance for medical, industrial and academic (above Category 3):

- \_\_\_\_\_ RAM quantities and inventory
- \_\_\_\_\_ Manufacturer's name and model number of sealed sources & devices
- \_\_\_\_\_ Site drawings with exact location of RAM, description of facility
- \_\_\_\_\_ RAM security program information (locks, alarms, etc.)
- \_\_\_\_\_ Emergency Plan specifics (routes to/from RAM, response to security events)
- \_\_\_\_\_ Vulnerability/security assessment/accident-safety analysis/risk assess
- \_\_\_\_\_ Mailing lists related to security response

**Branch Chief's and/or Sr. HP's Initials:** *RTT* **Date:** *1/11/07*

## Pre-Licensing Screening

### Applicant Information:

Control No. 471229

Name: S. Idaho Cardiology Assoc., PLLC	Type of Request: Amend Program Code(s):
Location: ID	License No.: 11=28601-01      Docket No.: 030-35279

### STEP 1—Radioactive Materials and Quantities Requested:

<b>Instructions for Step 1: Complete Step 1 for all applications.</b> If all your responses in Step 1 are "No" then do not complete Step 2 (Screening Criteria). Sign and date the completed step-sheet and add it as the sensitive and non-publicly available OAR in ADAMS. If a "yes" response is indicated for any item in Step 1, also complete Step 2. If the type of use is subject to a Security Order or the requirements for increased controls, complete Step 3 (Item A or Item B) without delay.	Yes or No
A. The request is from a new applicant.	No
B. NUREG-1556, Volume 20, Section 4.9 indicates a licensing site visit is needed for the requested type of use, e.g., (1) Type A broad scope license, (2) panoramic irradiator containing > 10000 curies, (3) manufacturers or distributors using unsealed radioactive material or significant quantities of sealed material, (4) radioactive waste brokers, (5) radioactive waste incinerators, (6) commercial nuclear laundries, and (7) any other application that in the judgement of the reviewer and cognizant supervisor involves complex technical issues, complex safety questions, or unprecedented issues that warrant a site visit.	No
C. The applicant requested certain radionuclides and quantities that equal or exceed the Risk Significant Quantity (TBq) values in the table, below, that have been "highlighted" by the reviewer	No

### Table of Risk Significant Quantities

(Category 2 Quantities, IAEA Safety Guide No. RS-G-1.9, Categorization of Radioactive Sources, August 2005)

Radionuclide	Risk Significant Quantity (TBq <sup>1</sup> )	Risk Significant Quantity (Ci <sup>1</sup> )	Radionuclide	Risk Significant Quantity (TBq <sup>1</sup> )	Risk Significant Quantity (Ci <sup>1</sup> )
Am-241	0.6	16	Pm-147	400	11,000
Am-241/Be	0.6	16	Pu-238	0.6	16
Cf-252	0.2	5.4	Pu-239/Be	0.6	16
Cm-244	0.5	14	Ra-226 <sup>2</sup>	0.4	11
Co-60	0.3	8.1	Se-75	2	54
Cs-137	1	27	Sr-90 (Y-90)	10	270
Gd-153	10	270	Tm-170	200	5,400
Ir-192	0.8	22	Yb-169	3	81

<sup>1</sup> The primary values are TBq. The curie (Ci) values are for informational purposes only.  
<sup>2</sup> The Atomic Energy Act, as amended by the Energy Policy Act of 2005, authorizes NRC to regulate Ra-226 and NRC is in the process of amending its regulations for discrete sources of Ra-226.

Calculations of the Total Activity or the Unity Rule are attached to document whether or not the screening criteria in Step 2 were also completed to evaluate the application. <b>NOTE—If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s).</b>	Yes, No, or Not Applicable (NA)
Total Activity—multiple activities are requested for a single radionuclide and the sum of the activities equals or exceeds the quantity of concern for the radionuclide	—
Unity Rule—multiple radionuclides are requested and the sum of the ratios equals or exceeds unity, e.g., [(total activity for radionuclide A) ÷ (risk significant quantity for radionuclide A)] + [(total activity for radionuclide B) ÷ (risk significant quantity for radionuclide B)] ≥ 1.0.	—

### Signature and Date for Step 1:

JTC 11/16/07

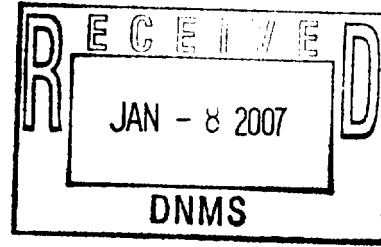
License Reviewer and Date



650 Addison Avenue West  
P.O. Box 409  
Twin Falls, Idaho 83303

stlukesonline.org

December 28, 2006



Nuclear Regulatory Commission Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011-4005

Handwritten initials, possibly "RHC", in the left margin.

RE: Notice of Name Change license #11-27601-01

Dear Sirs,

On January 1, 2007 Southern Idaho Cardiology Associates merged with St. Lukes Magic Valley Regional Medical Center. As a result of the merge our name has changed from Southern Idaho Cardiology Associates to St. Lukes Magic Valley Regional Medical Center Outpatient Cardiology.

There has been no other change to our operations or personnel regarding control over licensed activities. Our facility will continue to operate under the guidelines outlined in our license #11-27601-01.

If further information is required, please contact Reed Harris, RSO for license #11-27601-01 at (208) 734-4880 or John Kee, CEO at (208) 737-2103 and we will promptly send any other documentation that is necessary.

Thank you for your attention to this matter.

Sincerely yours,

Handwritten signature of Reed J. Harris.

Reed J. Harris, D.O.  
St. Lukes Magic Valley Regional Medical Center Outpatient Cardiology  
414 Soup Avenue West, Suite B.  
Twin Falls, ID 83301  
(208) 734-4880

rh/enclosures

h 4 7 1 2 2 9

**MATERIALS LICENSE**

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 36, 39, 40, and 70, 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 byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations, and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

Licensee	In accordance with letter dated February 13, 2001,
1. Southern Idaho Cardiology Associates, PLLC	3. License number 11-27601-01 is amended in its entirety to read as follows:
2. 414 Shoup Avenue West, Suite B Twin Falls, Idaho 83301	4. Expiration date January 31, 2010
	5. Docket No. 030-35279 Reference No.

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. Any byproduct material identified in 10 CFR 35.200	A. Any radiopharmaceutical identified in 10 CFR 35.200	A. As needed

9. Authorized use
- A. Medical use described in 10 CFR 35.200, excluding gases and aerosols and restricted to nuclear cardiology procedures.

**CONDITIONS**

10. Licensed material shall be used only at the licensee's facilities located at 414 Shoup Avenue West, Suite B, Twin Falls, Idaho.
11. The Radiation Safety Officer for this license is Reed J. Harris, D.O.
12. Licensed material listed in Item 6 above is only authorized for use by, or under the supervision of, the following individuals for the materials and uses indicated:
- | <u>Authorized Users</u> | <u>Material and Use</u>                          |
|-------------------------|--|
| Reed J. Harris, D.O.    | 10 CFR 35.200 (restricted to nuclear cardiology) |
| David L. Kemp, M.D.     | 10 CFR 35.200 (restricted to nuclear cardiology) |
13. 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 10 CFR 30.35(d) for establishing decommissioning financial assurance.

**MATERIALS LICENSE  
SUPPLEMENTARY SHEET**

License Number

11-27601-01

Docket or Reference Number

030-35279

Amendment No. 01

14. 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, except for minor changes in the medical use radiation safety procedures as provided in 10 CFR 35.31. The U.S. Nuclear Regulatory Commission's regulations shall govern unless the statements, representations, and procedures in the licensee's application and correspondence are more restrictive than the regulations.
- A. Application dated August 25, 1998
  - B. Letter dated November 23, 1999
  - C. Facsimile dated January 18, 2000

FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Date April 6, 2001

By

M. C. Hernandez  
Christi Hernandez, Health Physicist  
Nuclear Materials Licensing Branch  
Region IV  
Arlington, Texas 76011

Information Required for Change of Control and/or Change of Ownership  
(to include a name change)

Source: NUREG-1556, Volume 15

Please provide the following information concerning changes of control (transferor and/or transferee, as appropriate). If any items are not applicable, so state.

1. Provide a complete description of the transaction (i.e., transfer of stocks or assets, or merger). Indicate whether the name has changed and include the new name. Include the name and telephone number of a licensee contact who NRC may contact if more information is needed.

A. Description of the transaction:

B.  No name change

New name of licensed organization: St Lukes Magic Valley Regional  
Medical Center Outpatient Cardiology

C.  No change in contact

New contact: \_\_\_\_\_

New telephone number: \_\_\_\_\_

2. Describe any changes in personnel or duties that relate to the licensed program. Include training and experience for new personnel.

A.  No changes in personnel having control over licensed activities.

Changes in personnel having control over licensed activities (e.g. officers of a corporation):

B.  No changes in personnel named in the license.

Changes in personnel named in the license (e.g. RSO, AUs) - include training, experience and responsibilities:

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

Organization:

Equipment:

Location:

Procedures:

Facility:

Not applicable

4. Describe the status of the surveillance program (i.e., surveys, wipe tests, quality control) at the present time and the expected status at the time that control is to be transferred.

A. Description of the status of all surveillance program:

B. Surveillance Items & Records: calibrations, leak tests, surveys, inventories, and accountability requirements will be current at the time of transfer

Yes       No (explain)

5. Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of surveys of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

Records transferred to:

New licensee       NRC for license termination       Not applicable

6. Confirm that the transferee will abide by all constraints, conditions, requirements and commitments of the transferor or that the transferee will submit a complete description of the proposed licensed program.

St. Lukes Magic Valley  
Regional Medical Center Outpatient Cardiology will abide by all constraints, conditions,  
(transferee company)  
requirements and commitments of Southern Idaho Cardiology Assoc.  
(transferor company)

[Signature]  
Signature/Title  
Transferee Official

[Signature]  
Signature/Title  
Transferor Official

\_\_\_\_\_  
date

\_\_\_\_\_  
date

OR

Description of proposed licensed program from transferee attached (with signature)

OR

Not applicable (name change only)

\_\_\_\_\_  
Certifying Officer - Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certifying Officer - Typed name and title

JAN 16 2007

This is to acknowledge the receipt of your letter/application dated 12-28-06, and to inform you that the initial processing, which includes an administrative review, has been performed.

DATE

- There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.
- Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

- A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 471229.  
When calling to inquire about this action, please refer to this mail control number.  
You may call me at 817-860-8103.

Sincerely,



Licensing Assistant



(FOR LFMS USE)  
INFORMATION FROM LTS

BETWEEN:  
License Fee Management Branch, ARM  
and  
Regional Licensing Sections

Program Code: 02201  
Status Code: 0  
Fee Category: 7C  
Exp. Date: 20100131  
Fee Comments:  
Decom Fin Assur Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED  
Applicant/Licensee: S. IDAHO CARDIOLOGY ASSOC., PLLC  
Received Date: 2007/01/08  
Docket No: 3035279  
Control No.: 471229  
License No.: 11-27601-01  
Action Type: Amendment

2. FEE ATTACHED

Amount:             
Check No.:           

3. COMMENTS

Signed *Robert J. Munkhan*  
Date 01-10-07

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 \_\_\_\_\_

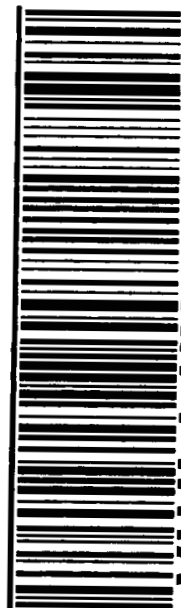
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SMP: S18Z  
PRIORITY OVERNIGHT  
MON

TRK# 8559 5345 1650  
FORM 0215

76011 -TX-US

DFW  
**XHFWHA**

Deliver By: 08JAN07  
A1



11-27601-01  
030-35279

**FedEx** US Airbill  
Express  
FedEx Tracking Number 855953451650

RECIPIENT: PEEL HERE

1 From This portion can be removed for Recipient's records:  
Date 1-7-07  
Sender's Name  
Company MAGIC VALLEY REGIONAL MEDICAL CENTER  
Address 650 ADDISON AVE W  
City TWIN FALLS State ID ZIP 83304  
Recipient's Name  
Company COLLEEN MURKIN  
Address  
City State ZIP

4a Express Package Service  
 FedEx Priority Overnight  
 FedEx Standard Overnight  
 FedEx 2Day  
 FedEx 2Day Freight  
 FedEx 3Day Freight  
 FedEx Express Saver  
 FedEx First Overnight  
 FedEx International Priority  
 FedEx International Economy

2 Your Internal Billing Reference  
3 To Recipient's Name  
Company US Duffier Reentry Commission  
Address 411 N. Adams Blvd Ste 400  
City Arlington State TX ZIP 79011-3104  
Phone Colleen Murkin

6 Special Handling  
 SATURDAY Delivery  
 HOLD Weekday at FedEx Location  
 HOLD Saturday at FedEx Location  
 Signature Required  
 Signature Required - Adult Signature  
 Signature Required - Restricted Signature  
 Signature Required - Restricted Signature (over 150 lbs)

7 Payment Bill to: Sender, Recipient, Third Party, Credit Card, Cash/Check

8 NEW Residential Delivery Signature Options  
 No Signature Required  
 Direct Signature  
 Indirect Signature  
 Restricted Signature  
 Restricted Signature (over 150 lbs)



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