

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:

| | |
|---|-----------|
| Instructions for Step 1: Complete Step 1 for all applications. 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) ¹ | Risk Significant Quantity (Ci) ¹ | Radionuclide | Risk Significant Quantity (TBq) ¹ | Risk Significant Quantity (Ci) ¹ |
|--------------|--|---|---------------------|--|---|
| 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 ² | 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 |

¹ The primary values are TBq. The curie (Ci) values are for informational purposes only.
² 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. NOTE—If an amendment of an existing license is being requested, the calculations will include the previously authorized quantities for the radionuclide(s). | 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

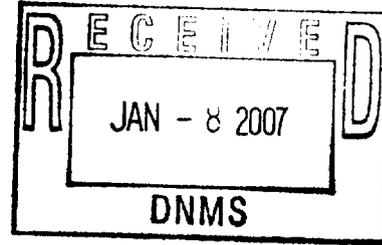
License Reviewer and Date



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

RH

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,

A handwritten signature in black ink, appearing to read "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

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
11-27601-01Docket 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 _____

FedEx 05JAN07 **PRIORITY OVERNIGHT** **MON**

TRK# **8559 5345 1650** FORM 0215

76011 -TX-US

DFW XHFWHA

Deliver By: **08JAN07** **A1**



11-27601-01
030-35279

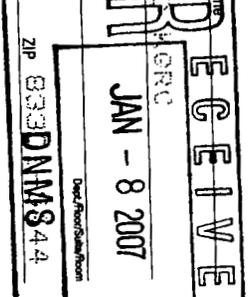
FedEx **US Airbill**

FedEx Tracking Number **855953451650**

RECIPIENT: PEEL HERE

1 From This portion can be removed for Recipient's records:
Date **1-7-07** FedEx Tracking Number **855953451650**

Sender's Name
Company **MAGIC VALLEY REGIONAL MEDICAL CENTER**
Address **650 ADDISON AVE W**
City **TWIN FALLS** State **ID** ZIP **83304**



2 Your Internal Billing Reference

3 To Recipient's Name **[Redacted]** **Colleen Murnahan**

Company **US Nuclear Regulatory Commission**

Recipient's Address **4111 Woods Drive Driv Ste 400**

Address **Washington** State **TX** ZIP **77011-3164**



8559 5345 1650

RECEIVED

4a Express Package Service

FedEx Priority Overnight

FedEx 2Day

Express Freight Service

FedEx 1Day Freight

FedEx Standard Overnight

FedEx Express Saver

FedEx 2Day Freight

FedEx 3Day Freight

Packages up to 150 lbs

FedEx First Overnight

FedEx 2Day

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FedEx 4Day

5 Packaging

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