



March 19, 2008

United States Nuclear Regulatory Commission
Region IV
Nuclear Materials Safety Branch
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

RECEIVED

MAR 24 2008

DNMS

Re: License 11-27082-01

Dear Sir or Madam:

In accordance with 10 CFR 35.14, this is notification that we are deleting one authorized user from the license.

1. Glenn Richard Albertson, M.D. is no longer working at this facility.

If you require additional information, please call 208-737-2031.

Sincerely,

A handwritten signature in cursive script that reads "Robert Wasserstrom".

Robert Wasserstrom, M.D.
Radiation Safety Officer

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: St. Luke's Magic Valley Regional Medical Center License No.: 11-27082-01

Docket No.: 030-32236 Mail Control No.: 471765

Type of Action: Notify Date of Requested Action: 03-19-08

Reviewer Assigned: ARM reviewer(s): Torres

Response	Deficiencies Noted During Acceptance Review
	<input type="checkbox"/> Open ended possession limits. Submit inventory. Limit possession. <input type="checkbox"/> Submit copies of latest leak test results. <input type="checkbox"/> Add IC L.C./Fingerprint LC, add SUNSI markings to license. <input type="checkbox"/> Confirm with licensee if they have NARM material.

Reviewer's Initials: _____ Date: _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
<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 HP's Initials: _____ Date: _____

SUNSI Screening according to RIS 2005-31

Yes No Sensitive and Non-Publicly Available 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

APR 16 2008

Branch Chief's and/or HP's Initials: *[Signature]* Date: _____

4-18-08
DATE

This is to acknowledge the receipt of your letter/application dated 3-19-08, and to inform you that the initial processing, which includes an administrative review, has been performed.

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 — 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** 471765.
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

BETWEEN: : (FOR LFMS USE)
: INFORMATION FROM LTS
: -----
 License Fee Management Branch, ARM : Program Code: 02120
 and : Status Code: 0
 Regional Licensing Sections : Fee Category: 7C
: Exp. Date: 20110331
: Fee Comments: _____
: Decom Fin Assur Req: N
: ::::::::::::::::::::::::::::::::::::::

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
 Applicant/Licensee: ST. LUKE'S MAGIC VALLEY REG MED CTR
 Received Date: 20080324
 Docket No: 3032236
 Control No.: 471765
 License No.: 11-27082-01
 Action Type: Notifications

2. FEE ATTACHED
 Amount: _____
 Check No.: /

3. COMMENTS
 Signed Colleen Murnahan
 Date 4-15-08

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 _____



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

Return Service Requested

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