July 22, 2008

Colleen Murnahan
USNRC Region IV
612 E Lamar Blvd
Suite #400
Arlington, TX 76011-4125

Dear Ms. Murnahan

Please amend our institution license #11-27082-~~02~~ 01 to include Dr. Joshua E. Hall for groups 35.100 and 35.200.

His Authorized User Training and Experience and Preceptor Attestation form is included.

If you need additional information, please contact me at 208-737-2031.

Thank you for your help in this matter.

Sincerely,

Robert Wasserstrom

Robert Wasserstrom, M.D. R.S.O.
St. Luke's Magic Valley Regional Medical Center
Twin Falls, Idaho 83301

RPR 2D. APPLICATION FOR USE OF RADIATION IN OR ON HUMANS

Surname: Joshua Hall Initials: JH Soc. Sec. #: _ JNID: 00044236

In addition to the RESPONSIBLE USER'S TRAINING & EXPERIENCE form (RPR 2A) and the PERSONAL DATA form (RPR 1A), submit the following:

*Check each category and type of **clinical** use of radiation in or on humans for which you are applying, and for each checked category provide evidence of board certification and Medical Use Training and Experience and Preceptor Attestation* (RPR 2E).

- ☐ Radiation Producing Machines
  - ☐ Operator of diagnostic x-ray equipment (R313-28-350).
  - ☐ Use of diagnostic x-rays for healing arts screening (R313-28-400).
  - ☐ Therapeutic use of linear accelerator (R313-30-3).
- ☐ Unsealed Byproduct Material
  - ☒ Uptake, dilution and excretion studies (10 CFR 35.190 and 910)
  - ☒ Imaging and localization studies (10 CFR 35.290 and 920)
  - ☒ Therapeutic use of radiopharmaceuticals (10 CFR 35.390 and 930)
  - ☒ Treatment of hyperthyroidism (10 CFR 35.392 and 932)
  - ☒ Treatment of thyroid carcinoma (10 CFR 35.394 and 934)
  - ☐ Parenteral administrations of unsealed byproduct material (10 CFR 35.396 and 930)
- ☐ Sealed Source Use
  - ☐ Use of manual brachytherapy sources (10 CFR 35.490 and 940)
  - ☐ Ophthalmic use of strontium-90 (10 CFR 35.491 and 941)
  - ☐ Use of sealed sources for diagnosis (10 CFR 35.590 and 950).
  - ☐ Therapeutic medical devices (10 CFR 35.690 and 960)
- ☐ Authorized medical physicist. (10 CFR 35.51 and 961)
- ☐ Authorized nuclear pharmacist. (10 CFR 35.55 and 980)
- ☐ Other Medical Uses of Byproduct Material (10 CFR 35.1000) Describe Proposed Use: _____

*Check each category of **research** use of radiation in or on humans for which you are applying;* separate applications for each new protocol or project must be submitted to the Radioactive Drug Research Committee - Human Use Subcommittee.

- ☐ Research using radioactive materials.
- ☐ Research using machine-generated radiation (i.e., x-rays, electrons)

Acknowledgement:

I have read the University's Radiation Safety Manual and understand the conditions and regulations contained in it. With respect to the requested radiation sources and proposed uses, I acknowledge and accept the responsibility for:

(a) radiation protection instruction for all involved personnel;
(b) acquisition of the equipment, supplies and/or services necessary for radiation protection;
(c) notification of the RSO of any medical event (10 CFR 35.3045), accident or abnormal incident.

Signature of Responsible User: Joshua E. Hall Date: 7/1/08

NRC FORM 313A (AUD) (10-2007) | U.S. NUCLEAR REGULATORY COMMISSION

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (for uses defined under 35.100, 35.200, and 35.500) [10 CFR 35.190, 35.290, and 35.590]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 10/31/2008

Name of Proposed Authorized User	State or Territory Where Licensed
Joshua Hall	Utah

Requested Authorization(s) *(check all that apply)*

- [X] 35.100 Uptake, dilution, and excretion studies
- [X] 35.200 Imaging and localization studies
- [ ] 35.500 Sealed sources for diagnosis (specify device _____)

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

[ ] **1. Board Certification**

a. Provide a copy of the board certification.

b. If using only 35.500 materials, stop here. If using 35.100 and 35.200 materials, skip to and complete Part II Preceptor Attestation.

[ ] **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

a. Authorized user on Materials License _____ meeting 10 CFR 35.390 or equivalent Agreement State requirements seeking authorization for 35.290.

b. Supervised Work Experience.
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			
Total Hours of Experience:			

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check all that apply)*.

[ ] 35.290 [ ] 35.390 + generator experience in 32.290(c)(1)(ii)(G)

3. **Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	University of Utah and affiliated clinics	50	7/02 - 6/07
Radiation protection	" "	50	"
Mathematics pertaining to the use and measurement of radioactivity	" "	50	"
Chemistry of byproduct material for medical use *(not required for 35.590)*	" "	50	"
Radiation biology	" "	50	"
	Total Hours of Training:	250 hours	

b. Supervised Work Experience (completion of this table is not required for 35.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience 700 hours		**Total Hours of Experience:** 700 hours	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	University of Utah and affiliated clinics	☑ Yes ☐ No	9/26-29/2006
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	" "	☑ Yes ☐ No	9/26-29/2006

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		☑ Yes ☐ No	9/26-29/2006
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		☑ Yes ☐ No	9/26-29/2006
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		☑ Yes ☐ No	9/26-29/2006
Administering dosages of radioactive drugs to patients or human research subjects		☑ Yes ☐ No	9/26-29/2006
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs		☑ Yes ☐ No	9/26-29/2006

Supervising Individual	License/Permit Number listing supervising individual as an authorized user

Supervisor meets the requirements below, or equivalent Agreement State requirements *(check one)*.

☑ ~~35.190~~ ☑ ~~35.290~~ ☑ ~~35.390~~ ☑ ~~35.390~~ + generator experience in 35.290(c)(1)(ii)(G)

c. For 35.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section
Check one of the following for each use requested:

For 35.190

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.190(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

OR

Training and Experience

☑ I attest that Joshua E. Hall MD has satisfactorily completed the 60 hours of training and
Name of Proposed Authorized User

experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.290(a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

OR

Training and Experience

☑ I attest that Joshua E. Hall has satisfactorily completed the 700 hours of training
Name of Proposed Authorized User

and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under 10 CFR 35.100 and 35.200.

Second Section
Complete the following for preceptor attestation and signature:

☑ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☑ 35.190 ☑ 35.290 ☑ 35.390 ☑ 35.390 + generator experience

Name of Preceptor	Signature	Telephone Number	Date
Kathryn A. Morton	Kathryn A. Morton	801-581-7553	7/2/2008

License/Permit Number/Facility Name
UT 1800001

FORM DRC-02A (AUT)
07/2007

Utah Division of Radiation Control

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under 10 CFR 35.300)
[10 CFR 35.390, 35.392, 35.394, and 35.396]

Note: All references to "35.XXX, " or "10 CFR 35.XXX" contained within this form refer to the incorporation by reference of 10 CFR Part 35 in R313-32.

Name of Proposed Authorized User	State or Territory Where Licensed
Joshua Hall	Utah

Requested Authorization(s) (check all that apply):

☐ 35.300 Use of unsealed radioactive material for which a written directive is required

OR

☒ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ 35.300 Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 35.300 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

☐ 35.300 Parenteral administration of any other radionuclide for which a written directive is required

PART I -- TRAINING AND EXPERIENCE
(Select one of the three methods below)

*Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☐ **1. <u>Board Certification</u>**

a. Provide a copy of the board certification.

b. For 35.390, provide documentation on supervised clinical case experience. The table in section 3.c. may be used to document this experience.

c. For 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience.

d. Skip to and complete Part II Preceptor Attestation.

☐ **2. Current 35.300, 35.400, or 35.600 Authorized User Seeking Additional Authorization**

a. Authorized User on Materials License _____ under the requirements below or equivalent Agreement State requirements (check all that apply):

☐ 35.390 ☐ 35.392 ☐ 35.394 ☐ 35.490 ☐ 35.690

b. If currently authorized for a subset of clinical uses under 35.300, provide documentation on additional required supervised case experience. The table in section 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

c. If currently authorized under 35.490 or 35.690 and requesting authorization for 35.396, provide documentation on classroom and laboratory training, supervised work experience, and supervised clinical case experience. The tables in sections 3.a., 3.b., and 3.c. may be used to document this experience. Also provide completed Part II Preceptor Attestation.

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

☒ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training. ☒ 35.390 ☒ 35.392 ☐ 35.394 ☐ 35.396

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	University of Utah and Affiliated Clinics	20	7/02 - 7/07
Radiation protection	" "	20	"
Mathematics pertaining to the use and measurement of radioactivity	" "	20	"
Chemistry of radioactive material for medical use	" "	20	"
Radiation biology	" "	20	"
Total Hours of Training: > 80 hours			

b. Supervised Work Experience ☒ 35.390 ☒ 35.392 ☐ 35.394 ☐ 35.396

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Supervised Work Experience 700 hours		**Total Hours of Experience:** 700 hours	
Description of Experience	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys	University of Utah	☒ Yes ☐ No	9/26, 27, 29/ 2006 ~~6/30/07~~ KM
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters	" "	☒ Yes ☐ No	9/26, 27, 29/ 2006
Calculating, measuring, and safely preparing patient or human research subject dosages	" "	☒ Yes ☐ No	9/26/27/29/ 2006
Using administrative controls to prevent a medical event involving the use of unsealed radioactive material	" "	☒ Yes ☐ No	9/26/27/29/ 2006
Using procedures to contain spilled radioactive material safely and using proper decontamination procedures	" "	☒ Yes ☐ No	9/26/27, 29/ 2006

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised Work Experience. (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Kathryn Morton	UT 1800001

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:

- ☒ 35.390
- ☒ 35.392
- ☐ 35.394
- ☐ 35.396

With experience administering dosages of:

- ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)
- ☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)
- ☐ 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
- ☐ Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

c. Supervised Clinical Case Experience
If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this page.

Description of Experience	Number of Cases Involving Personal Participation	Location of Experience/License or Permit Number of Facility	Dates of Experience*
Oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)	3	University of Utah (19.3 mCi, 31.6 mCi, 30.3 mCi)	2/22/07 3/5/07 5/30/07
Oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries)			
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			
Parenteral administration of any other radionuclide for which a written directive is required _____ (List radionuclides)			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

c. Supervised Clinical Case Experience (continued)

Supervising Individual	License/Permit Number listing supervising individual as an authorized user
Kathryn A. Morton, MD	UT 1800001

Supervising individual meets the requirements below, or equivalent Agreement State requirements *(check all that apply)***:

☒ 35.390 ☒ 35.392 ☒ 35.394 ☒ 35.396	With experience administering dosages of: ☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries) ☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries) ☒ 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 ☒ Parenteral administration of any other radionuclide requiring a written directive

** Supervising Authorized User must have experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status.

d. Provide completed Part II Preceptor Attestation.

PART II – PRECEPTOR ATTESTATION

Note: This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

First Section
Check one of the following for each use requested:

For 35.390

Board Certification

☐ I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized User

10 CFR 35.390(a)(1).

OR

Training and Experience

☒ I attest that Joshua E Hall MD has satisfactorily completed the 700 hours of
Name of Proposed Authorized User

training and experience, including a minimum of 200 hours of classroom and laboratory training, required by 10 CFR 35.390(b)(1).

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

For 35.392 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☒ I attest that Joshua E Hall MD (Name of Proposed Authorized User) has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.392(c)(1), and the supervised work and clinical case experience required in 35.392(c)(2).

For 35.394 (Identical Attestation Statement Regardless of Training and Experience Pathway):

☐ I attest that _____ (Name of Proposed Authorized User) has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.394 (c)(1), and the supervised work and clinical case experience required in 35.394(c)(2).

Second Section

☒ I attest that Joshua E. Hall MD (Name of Proposed Authorized User) has satisfactorily completed the required clinical case experience required in 35.390(b)(1)(ii)G listed below:

☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 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

☐ Parenteral administration of any other radionuclide requiring a written directive

Third Section

☒ I attest that Joshua E. Hall MD (Name of Proposed Authorized User) has satisfactorily achieved a level of competency to function independently as an authorized user for:

☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☐ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☐ 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

☐ Parenteral administration of any other radionuclide requiring a written directive

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Fourth Section

For 35.396:

Current 35.490 or 35.690 authorized user:

☐ I attest that _____ is an authorized user under 10 CFR 35.490 or
Name of Proposed Authorized User

35.690 or equivalent Agreement State requirements, has satisfactorily completed the 80 hours of classroom and laboratory training, as required by 10 CFR 35.396 (d)(1), and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ 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

☐ Parenteral administration of any other radionuclide for which a written directive is required

OR

Board Certification:

☐ I attest that _____ has satisfactorily completed the board certification
Name of Proposed Authorized User

requirements of 35.396(c), has satisfactorily completed the 80 hours of classroom and laboratory training required by 10 CFR 35.396 (d)(1) and the supervised work and clinical case experience required by 35.396(d)(2), and has achieved a level of competency sufficient to function independently as an authorized user for:

☐ 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

☐ Parenteral administration of any other radionuclide for which a written directive is required

Fifth Section

Complete the following for preceptor attestation and signature:

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:

☒ 35.390 ☒ 35.392 ☒ 35.394 ☒ 35.396

☒ I have experience administering dosages in the following categories for which the proposed Authorized User is requesting authorization.

☒ Oral NaI-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries)

☒ Oral NaI-131 in quantities greater than 1.22 gigabecquerels (33 millicuries)

☒ 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

☒ Parenteral administration of any other radionuclide requiring a written directive

Name of Preceptor	Signature	Telephone Number	Date
Kathryn A. Morton		801-581-7553	7/2/2008

License/Permit Number/Facility Name

UT 1800001

Form B

I-131 Therapy Experience

Joshua Hall
Resident Name

University of Utah, Diagnostic Radiology Residency
Program & Number

	Date	Dose Administered	Preceptor (AU) Print & Sign Name
1.	5/30/07	19.3 mCi	Kathryn Morton Print Name Sign Name
2.	2/5/07	31.6 mCi	Kathryn Morton Print Name Sign Name
3.	2/22/07	30.3 mCi	Kathryn Morton Print Name Sign Name
4.			Print Name Sign Name

NRC 471874

ACCEPTANCE REVIEW MEMO (ARM)

Licensee:	St. Luke's Magic Valley Regional Med Ctr	**License No.:** 11-27083-01	
Docket No.:	030-32236	**Mail Control No.:** 471874	
Type of Action:	Amend	**Date of Requested Action:** 07-22-08	
Reviewer Assigned:		**ARM reviewer(s):**	

Response	Deficiencies Noted During Acceptance Review
	[ ] Open ended possession limits. Submit inventory. Limit possession. [ ] Submit copies of latest leak test results. [ ] Add IC L.C./Fingerprint LC, add SUNSI markings to license. [ ] Confirm with licensee if they have NARM material.
	Reviewer: Clarify if Dr. Hall wants authorization for 35.300.

Reviewer's Initials: _____ **Date:** _____

☐Yes ☐No	Request for unrestricted release Group 2 or >. Consult with Bravo Branch.
☐Yes ☐No	Termination request < 90 days from date of expiration
☐Yes ☐No	Expedite (medical emergency, no RSO, location of use/storage not on license, RAM in possession not on license, other)
☐Yes ☐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 [suite #, bldg. #, location different from mailing address] (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 HP's Initials: _____ **Date:** AUG - 5 2008

AUG - 8 2008

DATE

This is to acknowledge the receipt of your letter/application dated 7-22-08, 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 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** 471874.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan

Licensing Assistant

NRC FORM 532 (RIV)
(10-2006)

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02120
Status Code: 0
Fee Category: 7C
Exp. Date: 20110331
Fee Comments: _____
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: ST. LUKE'S MAGIC VALLEY REG MED CTR
   Received Date: 20080725
   Docket No: 3032236
   Control No.: 471874
   License No.: 11-27082-01
   Action Type: Amendment

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

3. COMMENTS

Signed Colleen Burnahan
Date 8-01-08

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 _____

RECEIVED

DNMS

D1

ST LUKES MAGIC VALLEY REGIONAL
MEDICAL CENTER
P.O. BOX 409
650 ADDISON AVENUE WEST
TWIN FALLS, IDAHO 83303-0409

Colleen Murnahan
USNRC Region IV
612 E. Lamar Blvd Suite 400
Arlington TX 76011-4125

RETURN POSTAGE GUARANTEED