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Pocatello, ID 83201
Tel: 208-239-1761
Fax: 208-239-1771

Department of Radiation Oncology

Jing Wang

June 16, 2009

Jacky Cook
NRC Regional Office IV
612 East Lamar Boulevard, Suite 400
Arlington, Texas 76011-4125

817-860-8132(O)
817-860-8263(fax)

Jacky

Frank Guoqing Fan left Portneuf Medical Center permanently. We request to withdraw Frank Guoqing Fan's application for a licensed user on the NRC License # 11-27384-01 as an AMP, HDR user, and radiation safety officer.

Please let me know we need to do any other paperwork.

Sincerely

Jing Wang, Chief Physicist
208-239-1761(O)

4 7 2 3 3 3



UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION IV
612 EAST LAMAR BLVD., SUITE 400
ARLINGTON, TEXAS 76011-4125

F
AC

SIMILE



Name: Jing Wang, M.S.
Organization: Portneuf Medical Center
License No. 11-27384-01
Docket No. 030-32325
Control No. 472032

Fax: 208-239-1771
Phone: 208-239-1761
From: Jacqueline D. Cook
Date: January 15, 2009
Subject: License Amendment dated October 6, 2008
Pages: 5

Mr. Wang:

Please note the correct Mail Control No. above.

On the next page you will find a deficiency for you to respond in order to approve the requested change of ownership. Please respond to this e-mail as soon as practical but no later than close of business Monday, February 2, 2009. Our fax number is (817) 860-8263. If you have any questions regarding this e-mail, please contact me at (817) 860-8132 or email me in pdf format or signed MicroSoft Word format at Jackie.Cook@nrc.gov. When responding to this e-mail, please include the license, docket, and numbers located at the top of this page.

Thank you for your cooperation and assistance in expediting this matter.

/RA/

Jacqueline D. Cook
Senior Health Physicist

1. Please note that it is the licensee's responsibility for applying for amendments to licenses and for keeping them up-to-date. Please note that representatives of the corporation or legal entity filing the amendment request should sign the amendment request. These representatives must be authorized to make binding commitments and to sign official documents on behalf of the applicant. An amendment request for a medical facility must be signed by the Radiation Safety Officer or licensee's management. Signing of the amendment request by licensee's management acknowledges management's commitment and responsibilities for the Radiation Protection Program. Management includes the chief executive officer or other individual having the authority to manage, direct, or administer the licensee's activities or those persons' delegate or delegates.

Therefore please note that Ms. Terri Sabella of the Rogaliner Law Offices cannot request a license amendment on Portneuf Medical Center's behalf unless given that authority by your management.

Please resubmit the amendment request signed by authorized representative of Portneuf Medical Center.

2. 10 CFR 30.34(b) states that no license issued or granted pursuant to the regulations...nor any right under a license shall be transferred, assigned or in any manner disposed of, either voluntarily or involuntarily, directly or indirectly, through transfer of control of any license to any person, unless the Commission shall...find that the transfer is in accordance with the provisions of the Act and shall give its consent in writing. Although not specifically addressed by 10 CFR 30.34, licensees undergoing a name change may also be affected by this regulation.

Control over licensed activities can be construed as the authority to decide when and how a license (licensed material and/or activities) will be used. A change of ownership may be an example of a change of control. The central issue is whether the authority over the license has changed. In all cases, determining whether a change of control has taken place or whether a change is in name only is the Commission's responsibility.

Licensees must notify the Commission when they are undergoing a possible change of control and/or a change of name. While this notification is not required within a certain time frame, NRC needs adequate time to review the submittal to ensure that the transfer is in accordance with the regulations.

In order to process your request for a change of control/ownership and/or a name change, the information below is required.

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

Source: Appendix F of NUREG-1556, Volume 15 (Date Published: November 2000)

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:

Portneuf Medical Center becomes joint venture with Legacy Hospital Partners Inc. (LHP). no names have changed.

B. No name change

New name of licensed organization: _____

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) - including training, experience and responsibilities:

3. Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program. *no change!*

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:

all surveillance programs are up to date.

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.

[] Description of proposed licensed program attached

OR

_____ will abide by all constraints, conditions,
(transferee)
requirements and commitments of _____
(transferor)

Signature/Title
Transferee

date

Signature/Title
Transferor

date

OR

[] Not applicable (name change only)
*Hospital name and personnel have not changed, and
no plan to change them.*



Certifying Officer - Signature

6/25/09

Date

JING WANG, RSO

Certifying Officer - Typed name and title

**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION
[10 CFR 35.51]**

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Authorized Medical Physicist

TEA TIANCHEN SHI

Requested

35.400 Ophthalmic use of strontium-90 35.600 Teletherapy unit(s)

Authorization(s)

(check all that apply)

35.600 Remote afterloader unit(s) 35.600 Gamma stereotactic radiosurgery unit(s)

manual brachytherapy

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. Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
- c. Skip to and complete Part II Preceptor Attestation.

2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above

- a. Go to the table in section 3.c. to document training for new device.
- b. Skip to and complete Part II Preceptor Attestation

3. Education, Training, and Experience for Proposed Authorized Medical Physicist

- a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree	Major Field
Master of Science	Electrical Engineering
College or University	
Northeastern University, Boston, MA 02115	

- b. Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of JING WANG who meets the requirements for an Authorized Medical Physicist.

AND

Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of JING WANG who meets the requirements for an Authorized Medical Physicist.

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AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

b. Supervised Full-Time Medical Physics Training and Work Experience (continued)

If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics	① South Sacramento Cancer Center 8100 Bruceville Rd, Sacramento ② Portneuf Medical Center 500 S. 11th Ave, Pocatello, ID 83201	02/07 - 04/08	03/08 - 03/09 04/09 - present
Performing sealed source leak tests and inventories	① South Sacramento Cancer Center 8100 Bruceville Rd, Sacramento, CA ② Portneuf Medical Center 500 S. 11th Ave, Pocatello, ID 83201		03/08 - 03/09 04/09 - present
Performing decay corrections	① South Sacramento Cancer Center 8100 Bruceville Rd, Sacramento, CA ② Portneuf Medical Center 500 S. 11th Ave, Pocatello, ID 83201		03/08 - 03/09 04/09 - present
Performing full calibration and periodic spot checks of external beam treatment unit(s)	① South Sacramento Cancer Center 8100 Bruceville Rd, Sacramento, CA ② Portneuf Medical Center 500 S. 11th Ave, Pocatello, ID 83201		03/08 - 03/09 04/09 - present
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	NA		
Performing full calibration and periodic spot checks of remote afterloading unit(s)	NA		
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	① South Sacramento Cancer Center 8100 Bruceville Rd, Sacramento, CA ② Portneuf Medical Center 500 S. 11th Ave, Pocatello, ID 83201		03/08 - 03/09 04/09 - present

Supervising Individual**

Jing Wang

License/Permit Number listing supervising individual as an authorized Medical Physicist

11-27384-01

for the following types of use:

- manual brachytherapy
 Remote afterloader unit(s)
 Teletherapy unit(s)
 Gamma stereotactic radiosurgery unit(s)

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

** If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

c. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	<p><i>mannual brachytherapy</i> Remote Afterloader</p>	<p>Teletherapy</p>	<p>Gamma Stereotactic Radiosurgery</p>
<p>Hands-on device operation</p>	<p>Jing Wang trained Tea 1) Cs¹³⁷ Implants 5/28-4/1/07 2) I¹²⁵, Pd¹⁰³ prostate Implants on 6/25-6/29/2007</p>	<p>LINAC operation manufacturer training 05/07/2007 - 05/11/2007 Jing Wang provided training constantly in 2007</p>	
<p>Safety procedures for the device use</p>	<p>Jing Wang trained Tea 1) Cs¹³⁷ Implants safety on 06/4 - 06/08/07 2) I¹²⁵, Pd¹⁰³ safety on 07/07 - 07/13/07</p>	<p>Jing Wang provided training 07/23/07 - 07/27/07</p>	
<p>Clinical use of the device</p>	<p>Since Aug 2007, Tea has done ²⁰Cs¹³⁷ procedures, 60 prostate Implants</p>	<p>Tea Shi was trained under my supervision on 06/11/07 - 06/15/07</p>	
<p>Treatment planning system operation</p>	<p>Jing Wang trained Tea to do Cs¹³⁷, I¹²⁵, Pd¹⁰³ planning on 08/06 - 08/10/07</p>	<p>Jing Wang trained Tea Shi on 6/18/07 - 6/21/07</p>	

Supervising Individual
Jing Wang

License/Permit Number listing supervising individual as an authorized Medical Physicist
11-27384-01

for the following types of use:

- Remote afterloader unit(s) *mannual brachytherapy*
 Teletherapy unit(s)
 Gamma stereotactic radiosurgery unit(s)

If Applicable: *NA*

Authorization Sought	Device	Training Provided By	Dates of Training
<p>35.400 Ophthalmic Use of strontium-90</p>			

d. Skip to and complete Part II Preceptor Attestation.

AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

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:

1. Board Certification

I attest that _____ has satisfactorily completed the requirements in
Name of Proposed Authorized Medical Physicist
10 CFR 35.51(a)(1) and (a)(2).

OR

2. Education, Training, and Experience

I attest that TEA TIANCHEN SHI has satisfactorily completed the 1-year of full-time
Name of Proposed Authorized Medical Physicist
training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

AND

Second Section

Complete the following:

I attest that TEA TIANCHEN SHI has training for the types of use for which authorization
Name of Proposed Authorized Medical Physicist
is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

AND

Third Section

Complete the following:

I attest that TEA TIANCHEN SHI has achieved a level of competency sufficient to
Name of Proposed Authorized Medical Physicist
function independently as an Authorized Medical Physicist for the following:

- 35.400 Ophthalmic use of strontium-90
- 35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s)
manual brachytherapy
- 35.600 Gamma stereotactic radiosurgery unit(s)

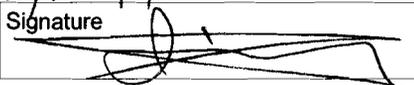
AND

Fourth Section

Complete the following for preceptor attestation and signature:

I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:

- 35.400 Ophthalmic use of strontium-90
- 35.600 Teletherapy unit(s)
- 35.600 Remote afterloader unit(s)
manual brachytherapy
- 35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor <u>JING WANG</u>	Signature 	Telephone Number <u>208-239-1761</u>	Date <u>6/25/09</u>
---------------------------------------	--	---	------------------------

License/Permit Number/Facility Name
11-27384-01 Portneuf Medical Center

**RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE
AND PRECEPTOR ATTESTATION**
[10 CFR 35.50]

APPROVED BY OMB: NO. 3150-0120
EXPIRES: 3/31/2012

Name of Proposed Radiation Safety Officer

TEA TIANCHEN SHI

Requested Authorization(s) *The license authorizes the following medical uses (check all that apply):*

- 35.100
 35.200
 35.300
 35.400
 35.500
 35.600 (remote afterloader) *manual brachytherapy*
 35.600 (teletherapy)
 35.600 (gamma stereotactic radiosurgery)
 35.1000 (_____)

PART I -- TRAINING AND EXPERIENCE
(Select one of the four 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. Use Table 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.
- c. Skip to and complete Part II Preceptor Attestation.

OR

2. Current Radiation Safety Officer Seeking Authorization to Be Recognized as a Radiation Safety Officer for the Additional Medical Uses Checked Above

- a. Use the table in section 3.c. to describe training in radiation safety, regulatory issues, and emergency procedures for the additional types of medical use for which recognition as RSO is sought.
- b. Skip to and complete Part II Preceptor Attestation.

OR

3. Structured Educational Program for Proposed Radiation Safety Officer

a. Classroom and Laboratory Training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation	South Sacramento Cancer Center 8100 Bruceville Rd, Sacramento	30	09/03/2007
Radiation protection	① South Sacramento Cancer Center	20	09/17/2007
	② Portneuf Medical Center	20	05/01/2009
Mathematics pertaining to the use and measurement of radioactivity	South Sacramento Cancer Center	20	09/10/2007
Radiation biology	South Sacramento Cancer Center	30	10/11/2008
Radiation dosimetry	① South Sacramento Cancer Center	50	03/05/07
	② Portneuf Medical Center	50	04/05/2009
Total Hours of Training:		220	

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety 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 Training/ License or Permit Number of Facility	Dates of Training*
Shipping, receiving, and performing related radiation surveys	① South Sacramento Cancer Center California License # FAC63166	3/12/2007
	② Portneuf Med Ctr NRC License # 11-27384-01	4/27/2009
Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides	① South Sacramento Cancer Center California License # FAC63166	3/19/2007
	② Portneuf Medical Center NRC License # 11-27384-01	5/04/2009
Securing and controlling byproduct material	Portneuf Medical Center NRC License # 11-27384-01	5/14/2009
Using administrative controls to avoid mistakes in administration of byproduct material	① South Sacramento Cancer Center California License # FAC63166	3/22/2007
	② Portneuf Medical Center NRC License # 11-27384-01	5/18/2009
Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures	① South Sacramento Cancer Center California License # FAC63166	3/26/2007
	② Portneuf Medical Center NRC License # 11-27384-01	5/20/2009
Using emergency procedures to control byproduct material	Portneuf Medical Center NRC License # 11-27384-01	5/25/2009
Disposing of byproduct material	① South Sacramento Cancer Center California License # FAC63166	3/28/2007
	② Portneuf Medical Center NRC License # 11-27384-01	5/28/2009
Licensed Material Used (e.g., 35.100, 35.200, etc.)+ 35.100 ; 35.200 ; 35.300 ; 35.400 ;	Portneuf Medical Center NRC License # 11-27384-01	4/13/2009

+ Choose all applicable sections of 10 CFR Part 35 to describe radioisotopes and quantities used: 35.100, 35.200, 35.300, 35.400, 35.500, 35.600 remote afterloader units, 35.600 teletherapy units, 35.600 gamma stereotactic radiosurgery units, emerging technologies (provide list of devices).

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Structured Educational Program for Proposed Radiation Safety Officer (continued)

b. Supervised Radiation Safety Experience (continued)

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

Supervising Individual JING WANG	License/Permit Number listing supervising individual as a Radiation Safety Officer 11-27384-01
This license authorizes the following medical uses:	
<input checked="" type="checkbox"/> 35.100 <input checked="" type="checkbox"/> 35.200 <input checked="" type="checkbox"/> 35.300 <input checked="" type="checkbox"/> 35.400 <input checked="" type="checkbox"/> 35.500 <input checked="" type="checkbox"/> 35.600 (remote afterloader) <input checked="" type="checkbox"/> 35.600 (teletherapy) <input type="checkbox"/> 35.600 (gamma stereotactic radiosurgery) <input type="checkbox"/> 35.1000 (_____)	

c. Describe training in radiation safety, regulatory issues, and emergency procedures for all types of medical use on the license.

Description of Training	Training Provided By	Dates of Training*
Radiation safety, regulatory issues, and emergency procedures for 35.100, 35.200, and 35.500 uses	Jing Wang	4/7/2009
Radiation safety, regulatory issues, and emergency procedures for 35.300 uses	Jing Wang	4/16/2009
Radiation safety, regulatory issues, and emergency procedures for 35.400 uses	Jing Wang	4/22/2009
Radiation safety, regulatory issues, and emergency procedures for 35.600 - teletherapy uses	Jing Wang	4/20/2007 4/24/2009
Radiation safety, regulatory issues, and emergency procedures for 35.600 - remote afterloader uses manual brachytherapy	Jing Wang	5/15/2007 4/2/2009
Radiation safety, regulatory issues, and emergency procedures for 35.600 - gamma stereotactic radiosurgery uses	NA	
Radiation safety, regulatory issues, and emergency procedures for 35.1000, specify use(s):	NA	

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

Preceptor Attestation (continued)

First Section (continued)

Check one of the following:

3. Additional Authorization as Radiation Safety Officer

I attest that _____ is an
Name of Proposed Radiation Safety Officer

- Authorized User Authorized Nuclear Pharmacist
- Authorized Medical Physicist

identified on the Licensees license and has experience with the radiation safety aspects of similar type of use of byproduct material for which the individual has Radiation Safety Officer responsibilities

AND

Second Section

Complete for all (check all that apply):

I attest that TEA TIANCHEN SHI has training in the radiation safety, regulatory issues, and
Name of Proposed Radiation Safety Officer

emergency procedures for the following types of use:

- 35.100
- 35.200
- 35.300 oral administration of less than or equal to 33 millicuries of sodium iodide I-131, for which a written directive is required
- 35.300 oral administration of greater than 33 millicuries of sodium iodide I-131
- 35.300 parenteral administration of any beta-emitter, or a 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
- 35.400
- 35.500
- 35.600 ~~remote afterloader units~~ manual brachytherapy
- 35.600 teletherapy units
- 35.600 gamma stereotactic radiosurgery units
- 35.1000 emerging technologies, including:

RADIATION SAFETY OFFICER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

AND

Third Section
Complete for ALL

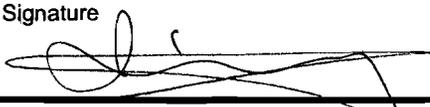
I attest that TEA TIANCHEN SHI has achieved a level of radiation safety knowledge
Name of Proposed Radiation Safety Officer

sufficient to function independently as a Radiation Safety Officer for a medical use licensee.

Fourth Section
Complete the following for Preceptor Attestation and signature

I am the Radiation Safety Officer for Portneuf Medical Center
Name of Facility

License/Permit Number: 11-27384-01

Name of Preceptor	Signature	Telephone Number	Date
JING WANG		208-239-1761	6/25/09

Memorandum

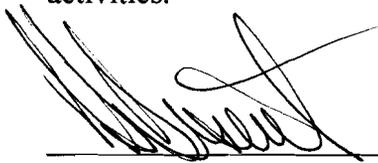


500 S 11th Ave. Suite101
Pocatello, ID 83201
Tel: 208-239-1750
Fax: 208-239-1771

Delegation of Authority

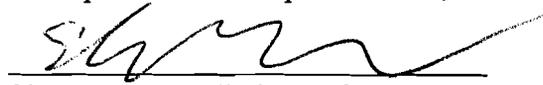
To: Radiation Safety Officer
From: Don Wadle, VIP, Clinical Services
Subject: Delegation of Authority

You, Tea Shi, have been appointed Radiation Safety Officer and are responsible for ensuring the safe use of radiation. You are responsible for managing the Radiation Protection Program; identifying radiation protection problems; initiating, recommending, or providing corrective actions; verifying implementation of corrective actions; stopping unsafe activities; and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations where justified to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the Nuclear Regulatory Commission at any time. It is estimated that you will spend 4 hours per week conducting radiation protection activities.



Signature of Management Representative

7-13-09
Date

I accept the above responsibilities,


Signature of Radiation Safety Officer

7/13/09
Date

ACCEPTANCE REVIEW MEMO (ARM)

Licensee: Portneuf Medical Center

License No.: 11-27384-01

Docket No.: 030-32325

Mail Control No.: 472333

Type of Action: Amend

Date of Requested Action: 6/16/09

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 [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: RTZ

Date: 7-22-09

7-24-09

DATE

This is to acknowledge the receipt of your letter/application dated 6-16-09, 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 other 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** 472333.
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

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 EX 2B
: Exp. Date: 20120331
: Fee Comments:
: Decom Fin Assur Req'd: N
:

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: PORTNEUF MEDICAL CENTER
Received Date: 20090714
Docket No: 3032325
Control No.: 472333
License No.: 11-27384-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: /

3. COMMENTS

Signed Colleen Murnahan
Date 7-20-09

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /_/)

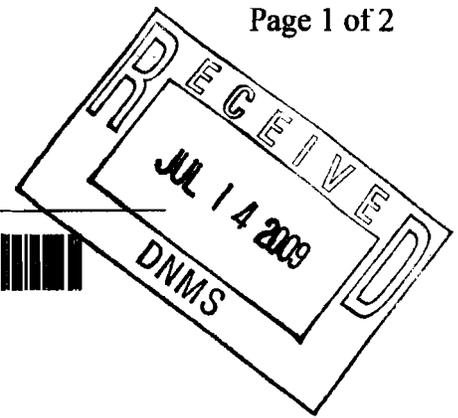
- 1. Fee Category and Amount: _____
- 2. Correct Fee Paid. Application may be processed for:
 - Amendment _____
 - Renewal _____
 - License _____
- 3. OTHER _____

Signed _____
Date _____

From: Origin ID: PHA (208) 238-1000
Shipping Department
Portneuf Medical Center
651 Memorial Dr



Ship Date: 13JUL09
ActWgt: 1.0 LB
CAD: 1298502/NET9060
Account#: S *****



Postello, ID 83281

Delivery Address Bar Code



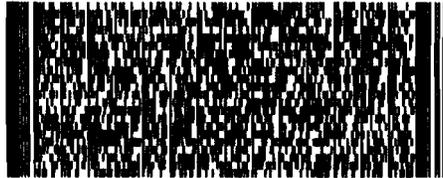
Ref # 72807904
Invoice #
PO #
Dept #

SHIP TO: (817) 860-8132 BILL THIRD PARTY
Attn: Jacky Cook
NRC Regional Office IV
612 E LAMAR BLVD STE 400

ARLINGTON, TX 76011

TRK# 7967 7066 9824
0201

TUE - 14JUL A1
PRIORITY OVERNIGHT



76011
TX-US
DFW

XH FWHA



After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

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510093 14JUL09 01:12 PRIORITY OVERNIGHT TUE
 Trk# 7967 7066 9824 FORM 0201 FOX ENR Deliver By: 14JUL09 A1
 DFW
 76011 -TX-US
 XH FWHA

CE

limit for the FedEx Envelope rule:
- 45x Envelope, airbill and contents (up to approximately thirty

4 7 2 3 3 3