

## Torres, RobertoJ

**From:** Shi, Tea [teas@portmed.org]  
**Sent:** Monday, August 23, 2010 10:22 AM  
**To:** Torres, RobertoJ  
**Subject:** RE: NRC - Lic No 11-27809-01 - Change of Ownership form (CORRECTED EMAIL)  
**Attachments:** NRC license termination Pocatello\_Cardiology.pdf; NRC license amendment\_Pocatello\_Cardiology.pdf

Dear Mr. Torres,

Please find in attachment both licensing requests in PDF format.  
Let me know if you need hard copies and additional documentation.

Thanks very much, and have a great day.  
--Tea

Colleen:  
There are two licensing  
actions in this request  
that needs to be worked  
together. Roberto

8-23-10

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**From:** Torres, RobertoJ [mailto:RobertoJ.Torres@nrc.gov]  
**Sent:** Monday, August 16, 2010 10:46 AM  
**To:** Shi, Tea  
**Subject:** RE: NRC - Lic No 11-27809-01 - Change of Ownership form (CORRECTED EMAIL)

please send both licensing requests together in the same envelope so we can process them simultaneously. Thanks.

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**From:** Shi, Tea [teas@portmed.org]  
**Sent:** Monday, August 16, 2010 11:05 AM  
**To:** Torres, RobertoJ  
**Subject:** RE: NRC - Lic No 11-27809-01 - Change of Ownership form (CORRECTED EMAIL)

Roberto,

This is Tea Shi, RSO of Portneuf Medical Center.

1. Portneuf Medical Center and Pocatello Cardiology have a consensus that we decided to cancel the request of the change of ownership.
2. We will submit a termination request of Pocatello Cardiology license by Dr. Call, and an amendment request to list Pocatello Cardiology as a location of use under Portneuf's license by me.

Thank you for your kindness and time.

-- Tea Shi  
Physicist, Radiation Oncology Department  
RSO, Portneuf Cancer Center, Portneuf Medical Center  
500 South 11th Ave, Suite 101  
Pocatello, ID 83201  
Tel: 208-239-1761 (or 208-239-1750)  
Fax: 208-239-1771  
Email: [teas@portmed.org](mailto:teas@portmed.org)

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**From:** Torres, RobertoJ [mailto:RobertoJ.Torres@nrc.gov]

**Sent:** 2010-8-13 (星期五) 8:05

**To:** Gagliardi, Karen

**Cc:** O'Brien, Amy; Wadle, Don; Wang, Jing

**Subject:** RE: NRC - Lic No 11-27809-01 - Change of Ownership form (CORRECTED EMAIL)

All:

Your E-mail states that Pocatello Cardiology Associates, PA (NRC License 11-27809-01) has been purchased by Portneuf Medical Center (NRC License (11-27384-01). The questions that I have are:

1. Is the radiation safety program from Portneuf Medical Center now going to perform the regulatory/safety oversight of licensed activities involving the use of radioactive material at Pocatello Cardiology Associates? To answer this question you need to contact the radiation safety officers (RSO) named on both licenses (Benjamin Call, RSO for Pocatello Cardiology and Tea T. Shi, RSO for Portneuf Medical Center) and consult with them. I don't see any of these individual's names being copied on these emails.
2. If the answer to question #1 is No (Pocatello Cardiology will have its own radiation safety program separate from Portneuf's), then I will proceed to process the change of ownership form that has been submitted. Portneuf will be responsible for paying annual fees to the NRC for two licenses (11-27809-01 and 11-27384-01) because it has acquired Pocatello Cardiology.
3. If the answer to question #1 is Yes (Portneuf's radiation safety program will perform oversight of Pocatello's licensed activities), then the next question is why does Portneuf wants to keep two licenses active (and pay two annual fees)? Pocatello Cardiology license can be terminated using the attached Form 314 (this request needs to come from Benjamin Call) and Portneuf's license can be amended to list Pocatello Cardiology as a location of use under Portneuf's license (this request needs to come from Tea Shi). The NRC can work both requests simultaneously to avoid any regulatory gaps.

This is a business decision and I understand that you want to discuss this matter among yourself. I am just explaining the options that you have. If I don't hear from both parties within 5 business days I will proceed to process the change of ownership form that has been submitted and Portneuf will be responsible for paying annual fees on two licenses (11-27809-01 and 11-27384-01).

Roberto J. Torres

Senior Health Physicist

U.S. Nuclear Regulatory Commission - Region IV

Division of Nuclear Materials Safety



Nuclear Materials Safety Branch B  
612 East Lamar Boulevard, Suite 400  
Arlington, Texas 76011-4125  
Telephone 817-860-8189  
Facsimile 817-860-8263  
[robertoj.torres@nrc.gov](mailto:robertoj.torres@nrc.gov)

-----Original Message-----

From: Gagliardi, Karen [<mailto:kareng@portmed.org>]  
Sent: Thursday, August 12, 2010 7:24 PM  
To: Torres, RobertoJ  
Cc: O'Brien, Amy; Wadle, Don; Wang, Jing  
Subject: NRC - Lic No 11-27809-01 - Change of Ownership form;

<<NRC - Lic No 11-27809-01 - Change of Ownership form.pdf>> Please find attached an NRC Change of Ownership form for Pocatello Cardiology and Portneuf Medical Center. As requested this document is being returned to Roberto Torres, Senior Health Physicist, US Nuclear Regulatory Commission.

Regards,

Karen Gagliardi  
Contracts Administrator  
Portneuf Medical Center  
651 Memorial Drive  
Pocatello, ID 83201



# POCATELLO CARDIOLOGY

777 Hospital Way, Bldg. A, Ste. 101 – P.O. Box O – Pocatello, ID – 83201 – 208.234.2001 – Fax 208.232.2195

August 17, 2010

Roberto J. Torres  
Senior Health Physicist  
U.S. Nuclear Regulatory Commission – Region IV  
Division of Nuclear Materials Safety  
612 East Lamar Boulevard, Suite 400  
Arlington, TX 76011-4125

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Dear Mr. Torres,

I wish to terminate the NRC license of Pocatello Cardiology Associates, P.A. (11-27809-01).

All licensed activities will be transferred to the license of Portneuf Medical Center (11-27384-01).

- The 2 licensed sealed source dose calibrator reference standards will be transferred to the inventory of Portneuf Medical Center. (Image attenuation sources are not used at Pocatello Cardiology.)

A letter from Tea T. Shi, M.S., radiation safety officer, requesting addition of Pocatello Cardiology licensed activities to 11-27384-01 is being sent to you at this time.

Please contact me if you require additional information.

Sincerely,

*Benjamin Call M.D.*  
Benjamin Call, M.D.  
Radiation Safety Officer  
Pocatello Cardiology Associates



(4-2008)  
10 CFR 30.36(j)(1); 40.42(j)(1);  
70.38(j)(1); and 72.54(k)(5)(1)(1)

## CERTIFICATE OF DISPOSITION OF MATERIALS

Estimated burden per response to comply with this mandatory collection request: 30 minutes. This submittal is used by NRC as part of the basis for its determination that the facility is released for unrestricted use. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by Internet e-mail to [infocollect@nrc.gov](mailto:infocollect@nrc.gov), and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0028), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to, the information collection.

## LICENSEE NAME AND ADDRESS

Pocatello Cardiology Associates, PA  
777 Hospital Way, Building A, Suite 101  
Pocatello, ID 83201

## LICENSE NUMBER

11-27809-01

## DOCKET NUMBER

## LICENSE EXPIRATION DATE

05/31/2015

- ☐ This license has expired. ☒ **A. LICENSE STATUS (Check the appropriate box)**  
This license has not yet expired; please terminate it.

## B. DISPOSAL OF RADIOACTIVE MATERIAL

(Check the appropriate boxes and complete as necessary. If additional space is needed, provide attachments)

The licensee, or any individual executing this certificate on behalf of the licensee, certifies that:

- ☐ 1. No radioactive materials have ever been procured or possessed by the licensee under this license.
- ☒ 2. All activities authorized by this license have ceased, and all radioactive materials procured and/or possessed by the licensee under this license number cited above have been disposed of in the following manner.
- ☒ a. Transfer of radioactive materials to the licensee listed below:  
Portneuf Medical Center 11-27384-01
- ☐ b. Disposal of radioactive materials:
- ☐ 1. Directly by the licensee:
- ☐ 2. By licensed disposal site:
- ☐ 3. By waste contractor:
- ☐ c. All radioactive materials have been removed such that any remaining residual radioactivity is within the limits of 10 CFR Part 20, Subpart E, and is ALARA.

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## C. SURVEYS PERFORMED AND REPORTED

- ☐ 1. A radiation survey was conducted by the licensee. The survey confirms:
- ☐ a. the absence of licensed radioactive materials
- ☐ b. that any remaining residual radioactivity is within the limits of 10 CFR 20, Subpart E, and is ALARA.
- ☐ 2. A copy of the radiation survey results:
- ☐ a. is attached; or ☐ b. is not attached (Provide explanation); or ☐ c. was forwarded to NRC on: \_\_\_\_\_ Date \_\_\_\_\_
- ☐ 3. A radiation survey is not required as only sealed sources were ever possessed under this license, and
- ☐ a. The results of the latest leak test are attached; and/or ☐ b. No leaking sources have ever been identified.

The person to be contacted regarding the information provided on this form:

| NAME                | TITLE                    | TELEPHONE (Include Area Code) | E-MAIL ADDRESS   |
|---------------------|--------------------------|-------------------------------|--|
| Benjamin Call, M.D. | Radiation Safety Officer | (208) 234-2001                | <a href="mailto:benc@Portmed.org">benc@Portmed.org</a> |

Mail all future correspondence regarding this license to:

Benjamin Call, M.D., Pocatello Cardiology Assoc, 777 Hospital Way, Bldg A, Ste 101, Pocatello, ID 83201

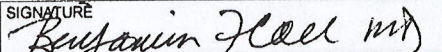
## C. CERTIFYING OFFICIAL

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

## PRINTED NAME AND TITLE

Benjamin Call, Radiation Safety Officer

## SIGNATURE



## DATE

08/07/2010

WARNING: FALSE STATEMENTS IN THIS CERTIFICATE MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL RESPECT. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.



9-10-2010  
DATE

This is to acknowledge the receipt of your letter/application dated 8-23-2010, 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:

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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** 573411.  
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:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM LTS

Program Code: 02201  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date:  
Fee Comments:  
Decom Fin Assur Req: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: POCATELLO CARDIOLOGY ASSOCIATES PA  
Received Date: 08/23/2010  
Docket Number: 3036925  
Mail Control Number: 573411  
License Number: 11-27809-01  
Action Type: Termination

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_

*Colleen Murnahan*

Date: \_\_\_\_\_

*8-30-2010*

### 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: \_\_\_\_\_