

Murnahan, Colleen

From: Young, James K MAJ RES USAR USARC [james.k.young@us.army.mil]
Sent: Thursday, December 23, 2010 10:21 AM
To: Murnahan, Colleen
Cc: Mary Lou Coppinger; Timothy Stack
Subject: RE: Information Regarding Transfer of Control
Attachments: CCI Change of Ownership.pdf

Ms. Murnahan,

We have completed the Transfer of Control document that you asked for. It is attached as a pdf to this e-mail - with signatures. If you need the original, please let me know and I'll be happy to send it to you. Also, please let me know what the process is from here so we can plan our schedule.

Thank you,
James Young, CNMT
Cardiovascular Consultants of Idaho
(208) 884-8884 – office
(208) 884-3805 - fax

From: Murnahan, Colleen [<mailto:Colleen.Murnahan@nrc.gov>]
Sent: Wednesday, December 08, 2010 9:16 AM
To: james.k.young@us.army.mil
Subject: Information Regarding Transfer of Control

Please see attachment. Once thoroughly completed, return to my attention at the Region IV address.

Thank you for your cooperation.

Colleen Murnahan
Materials Licensing Assistant
817-860-8103

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: Action regarding license #11-27662-01

Change of ownership. Purchase of all assets.

Transferor owner: Cardiovascular Consultants of Idaho

Current licensee: Dr. Charles Rasmussen and Dr. Michael Kenner

Current address: 520 S. Eagle Rd. Suite 2205, Meridian, Idaho 83642

Phone number: (208) 884-8884

B. No name change

New name of licensed organization: Saint Alphonsus Regional Medical Center

C. No change in contact

New contact: Timothy B Stack, MS, RSO

New telephone number: 208-367-2121

- 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):

Transferor company president: Steven J. Fonken

Transferee Sally E Jeffcoat, CEO

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:

Transferor RSO: Michael D. Kenner, M.D.

Transferee RSO: Timothy B Stack, MS Ref. current license # 11-27306-01

Authorized User: Charles M Rasmussen, MD 35.200 (previous license # 11-27662-01) to be added to St. Alphonsus license # 11-27306-01

3) Describe, in detail, any changes in the organization, location, facilities, equipment or procedures that relate to the licensed program.

Organization: Company change from Private Corporation - Professional Association (PA) to a Non-profit Idaho Corporation

Location: No Change.

Facility: No Change.

Equipment: No Change.

Procedures: No Change.

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:

The status of our surveillance program is intact and in compliance with all NRC regulations and all conditions as outlined in our radiation safety policy. Our last Safety and Compliance Inspection conducted on August 10, 2010 noted "No violations identified". Docket Number 030-35356

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 survey of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

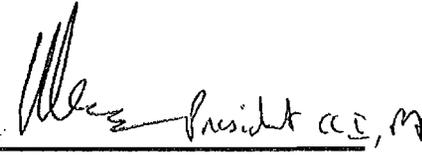
Records transferred to:

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.

Saint Alphonsus Regional Medical Center will abide by all constraints, conditions, requirements (transferee) and commitments of Cardiovascular Consultants of Idaho. (transferor)


Signature/Title
Transferee Official


Signature/Title
Transferor Official

12-21-10
Date

12/22/10
Date

OR

- Description of proposed licensed program from transferee attached (with signature)

OR

- Not applicable (name change only)

Program will abide by all currently licensed commitments for oversight, surveillance and NRC regulations. _____

Certifying Officer - Signature

Date

Certifying Officer – Typed name and title

1-11-2011

DATE

This is to acknowledge the receipt of your letter/application dated 12-23-2010, 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 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** 574203.
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: DR CHARLES RASMUSSEN/
Received Date: 01/05/2011
Docket Number: 3035356
Mail Control Number: 574203
License Number: 11-27662-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: Colleen Murahan

Date: 1-05-2011

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: _____