

Torres, RobertoJ

**From:** Sprecher, Angela Epolito [asprecher@honigman.com]  
**Sent:** Wednesday, January 26, 2011 9:52 AM  
**To:** Torres, RobertoJ  
**Subject:** FW: Appendix F form Name Change  
**Attachments:** Nampa NRC Appendix F for Name Change(8672128\_1).PDF

Hi Roberto-

I just wanted to follow up with you to see if I needed to do anything further.

Thanks!

Angela

030-32246  
11-27089-01

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**From:** Sprecher, Angela Epolito  
**Sent:** Thursday, January 13, 2011 2:53 PM  
**To:** Torres, RobertoJ  
**Subject:** RE: Appendix F form Name Change

Hi Roberto-

Per your directions, I am attaching the completed Appendix F form.

As I mentioned during our telephone conversation, effective November 17, 2010, Mercy Medical Center, Nampa changed its legal business name to **Saint Alphonsus Medical Center – Nampa, Inc.** The facility operates an acute care hospital in Idaho.

Please note that this is a change to the facility's legal business name only and no other changes to the facility's operation, personnel, organization, tax-identification number, location or ownership have occurred or are expected to occur as a result of this name change.

If you have any questions or require additional information, please do not hesitate to contact me. Thank you very much for your help in processing this change.

Angela

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**From:** Torres, RobertoJ [<mailto:RobertoJ.Torres@nrc.gov>]  
**Sent:** Wednesday, December 22, 2010 4:43 PM  
**To:** Sprecher, Angela Epolito  
**Subject:** Appendix F form

Please confirm receipt of this email. Thank you.

Roberto J. Torres  
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Change of Control and/or Change of Ownership  
(Includes Change of Name)

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 on the following pages is required. Our fax number is (817) 860-8263 or (817) 860-8188. If you have any questions regarding our discussion or this fax, please contact me. When responding to this fax, please include the license, docket, and mail control numbers, located at the top of this page as well as the following pages. Thank you.

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**DNMS**

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*RTT*

030-32246

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11-27089-01

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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: Name change only.  
There has been no transfer of stocks or assets and no merger occurred. This is only a change to the legal business name.

B.  No name change

New name of licensed organization: Saint Alphonsus Medical Center-Nampa, Inc.

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) - include 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 changes.

Organization:

Equipment:

Location:

Procedures:

Facility:

Not applicable

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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:  
SEE ADDENDUM.

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.

\_\_\_\_\_ will abide by all constraints, conditions,  
(transferee company)  
requirements and commitments of \_\_\_\_\_  
(transferor company)

\_\_\_\_\_  
Signature/Title  
Transferee Official

\_\_\_\_\_  
Signature/Title  
Transferor Official

\_\_\_\_\_  
date

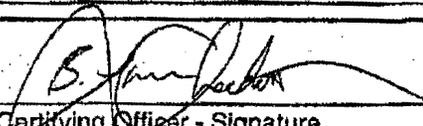
\_\_\_\_\_  
date

OR

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

OR

Not applicable (name change only)

\_\_\_\_\_  
  
Certifying Officer - Signature

\_\_\_\_\_  
1/4/11  
Date

B. Lannie Checketts, CFO  
\_\_\_\_\_  
Certifying Officer - Typed name and title

**ADDENDUM**

The current status of the surveillance program is as follows; the hospital does wipe tests weekly in areas that may receive any amount of contamination (i.e. the injection area or treadmill). Staff tests the dose calibrator at the beginning of each day that isotope is used. They then survey the room and any areas where contamination could be at the end of each working day. The hospital also does quarterly linearity testing on the dose calibrator, in addition to checking thirty (30) random charts for correct isotope administration and meeting quarterly with the isotope committee to discuss any issues. The hospital further reviews dosimetry badge reports and sends a letter to anyone over the recommended limit of 125 mR per month. There has been no change in the surveillance program as a result of the name change. No violations were identified in the most recent NRC inspection findings.

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2-28-2011

DATE

This is to acknowledge the receipt of your letter/application dated 1-31-2011, 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:

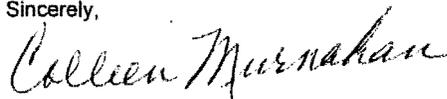
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The action you requested is normally processed within 90 days.

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** 574467.  
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:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM LTS

Program Code: 02120  
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: MERCY MEDICAL CENTER  
Received Date: 01/31/2011  
Docket Number: 3032246  
Mail Control Number: 574467  
License Number: 11-27089-01  
Action Type: Amendment

##### 2. FEE ATTACHED

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

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

##### 3. COMMENTS

Signed: Colleen Murrah

Date: 2-17-2011

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