

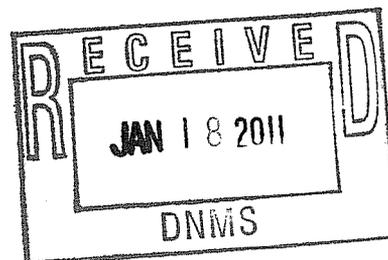
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JEAN M. ROHRER C.R.N.P.

January 10, 2011

Nuclear Regulatory Commission
Region IV
612 E. Lamar Blvd, Suite 400
Arlington, TX 76011-806
ATTN: Colleen Murnahan



Subject: Regarding license # 11-27662-01

Dear Nuclear Regulatory Commission:

This is in reference to our phone conversation and subsequent e-mail between James Young CNMT and Colleen Murnahan, Materials Licensing Assistant on December 08, 2010. In response to your request, the enclosed information is provided in regard to our companies purchase by Saint Alphonsus Medical Center. We sent this document to your e-mail on December 23rd, 2010 in order to facilitate timeliness. This is the same document with original signatures.

Respectfully,

Michael D. Kenner, MD.
Radiation Safety Officer
Cardiovascular Consultants of Idaho
Office: (208) 884-8884

574203

Information Required for Change of Control and/or Change of Ownership
(to include a name change)
Source: NUREG-1556, Volume 15

RECEIVED
JAN 18 2011
DNMS

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)

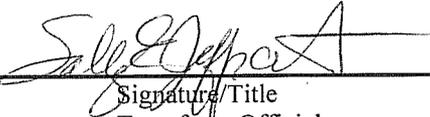
5) Confirm that all records concerning the safe and effective decommissioning of the facility will be transferred to the transferee or to NRC, as appropriate. These records include documentation of survey of ambient radiation levels and fixed and/or removable contamination, including methods and sensitivity.

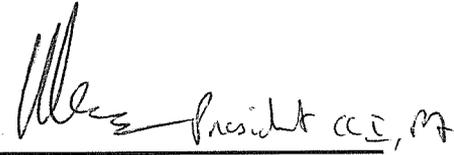
Records transferred to:

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

 President CCI, M
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