

 **WEST VALLEY
MEDICAL CENTER**

1717 Arlington Avenue • Caldwell, ID 83605
Phone: (208) 459-4641

RTZ

RECEIVED

MAR 10 2011

DNMS

Feb. 28, 2011

Nuclear Regulatory Commission
611 Ryan Plaza Drive
Suite 400
Arlington, Texas 76011-8064

Attention: Nuclear Materials Licensing Section

Dear Sir or Madam:

Please add as authorized users to License #11-27087-01 the following:

Shane J. McGonegle, M.D.

for material identified in 10 CFR 35.100, 35.200, and oral administration of sodium iodide I-131 and

Daniel John Wegner, M.D.

for material identified in 10 CFR 35.100, 35.200 and 35.300.

Dr Shane McGonegle and Dr. Daniel Wegner are both listed as authorized users under license # 11-27306-01 for St. Alphonsus Regional Medical Center in Boise, Idaho.

Thank You,



Teri Steele, BS, CNMT, RT(N), NCT
Radiation Safety Officer
West Valley Medical Center



Julie Taylor
CEO
West Valley Medical Center

No 574725

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 Reqd: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: WEST VALLEY MEDICAL CENTER, INC.
Received Date: 03/10/2011
Docket Number: 3032242
Mail Control Number: 574725
License Number: 11-27087-01
Action Type: Notifications

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed: Colleen Murnahan
Date: 3-23-2011

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: _____

3-23-2011

DATE

This is to acknowledge the receipt of your letter/application dated 2-28-2011, 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:

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** 574725.
When calling to inquire about this action, please refer to this mail control number.
You may call me at (817) 860-8103.

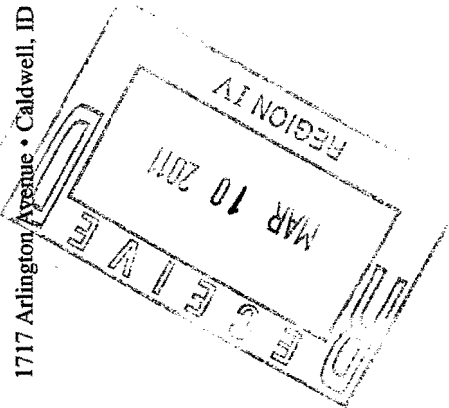
Sincerely,

Colleen Murnahan

Licensing Assistant

WEST VALLEY
MEDICAL CENTRE
Caldwell's Community Hosi

1717 Arlington Avenue • Caldwell, ID 83



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS FOLD AT DOTTED LINE

Nuclear Regulatory Commission
Attn: Nuclear Materials Licensing Section
611 Ryan Plaza Drive
Suite 400
Arlington, TX 76011-8064

574725