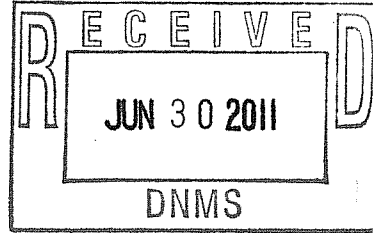




*Handwritten initials*



100 E. Idaho Street  
Boise, Idaho 83712  
P (208) 381-2711 F (208) 381-4675  
(800) 845-4624

1118 NW 16th Street, Suite D  
Fruitland, Idaho 83619  
P (208) 452-7677 F (208) 452-8681  
(800) 473-9618

520 S. Eagle Road  
Meridian, Idaho 83642  
P (208) 706-5651 F (208) 706-5344  
(800) 473-0331

308 E. Hawaii Avenue  
Nampa, Idaho 83686  
P (208) 467-6700 F (208) 463-6001  
(800) 553-6415

656 Addison Avenue W  
Twin Falls, Idaho 83301  
P (208) 737-2441 F (208) 737-2864  
(800) 947-4852

**Thomas M. Beck, MD**  
Medical Director

**Mark Parkinson**  
Administrator

**Medical Hematology/Oncology**

- Thomas M. Beck, MD
- Norman Zuckerman, MD
- Paul G. Montgomery, MD
- William H. Kreisle, MD
- Larry Fiorentino, MD
- Theodore A. Walters, MD
- Jonathan N. Swerdloff, MD
- Banu E. Symington, MD
- Lisa Y. Law, MD
- Dan Zuckerman, MD
- Benjamin Bridges, MD
- Silvana Z. Bucur, MD
- Kathleen Clifford, FNP
- Cheryl Mills, FNP
- Linda Eriandson, FNP
- Dorene Boydston, FNP
- Brittany Linn, NP-C
- Jed Bartschi, PA
- Mallori Hooker, NP-C

**Pediatric Hematology/Oncology**

- Eugenia Chang, MD
- Nicolas A. Camilo, MD
- Matthew D. Hansen, MD
- Nathan Meeker, MD
- Marni Allen, FNP

**Radiation Oncology**

- Charles E. Smith, MD
- Ronald V. Dorn, III, MD
- Sarah L. Bolander, MD
- Stephen C. Smith, MD
- Tonya L. Kuhn, MD
- Colleen Lambertz, FNP
- Jerrimi Helmick, FNP

**Surgical Oncology**

- Gynecological Oncology
  - Jerry Perez, MD
  - Amy Cooper, MD
- Thoracic Oncology
  - Matthew Schoofield, MD
- Pancreatic Disease
  - William Traverso, MD

**PLEASE EXPEDITE THIS REQUEST**

June 30, 2011

US Nuclear Regulatory Commission Region IV  
Nuclear Materials Licensing Branch  
611 Ryan Plaza Drive  
Suite 400  
Arlington, Texas 76011-8064  
Fax: 817-860-8263

**RE: Amendment of License #11-27312-01**

Dear Colleen Murnahan:

I am requesting to add William W. Estabrook IV, M.S. as an authorized medical physicist for 10 CFR 35.600. I have included NRC Form 313A.

I am asking that you expedite this request, as he begins working for St. Luke's on July 27<sup>th</sup>. My existing physicist at this location, where we do the majority of our brachytherapy work, is on long-term leave.

Thank you for your consideration. Please contact me at 208-381-3192 if you need anything else on this matter.

Sincerely,

*Handwritten signature of Jefferson Fairbanks*

Jefferson Fairbanks, PhD  
Radiation Safety Officer



Service provided by St. Luke's Boise

stlukesonlinc.org 575507

NRC FORM 313A (AMP) (3-2009)	U.S. NUCLEAR REGULATORY COMMISSION
<b>AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE          AND PRECEPTOR ATTESTATION</b> <b>[10 CFR 35.51]</b>	APPROVED BY OMB: NO. 3180-0120 EXPIRES: 3/31/2012

Name of Proposed Authorized Medical Physicist  
 William W. Estabrook IV, M.S.

Requested Authorization(s) (check all that apply)

<input type="checkbox"/> 35.400 Ophthalmic use of strontium-90	<input checked="" type="checkbox"/> 35.600 Teletherapy unit(s)
<input checked="" type="checkbox"/> 35.600 Remote afterloader unit(s)	<input type="checkbox"/> 35.600 Gamma stereotactic radiosurgery unit(s)

**PART I -- TRAINING AND EXPERIENCE**  
*(Select one of the three methods below)*

\*Training and Experience, including Board Certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

- 1. Board Certification**
  - a. Provide a copy of the board certification.
  - b. Go to the table in 3.c. and describe training provider and dates of training for each type of use for which authorization is sought.
  - c. Skip to and complete Part II Preceptor Attestation.
- 2. Current Authorized Medical Physicist Seeking Additional Authorization for use(s) checked above**
  - a. Go to the table in section 3.c. to document training for new device.
  - b. Skip to and complete Part II Preceptor Attestation
- 3. Education, Training, and Experience for Proposed Authorized Medical Physicist**
  - a. Education: Document master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university.

Degree	Major Field
M.S. in Medicine	Radiological Physics
College or University	
Wayne State University	

b. Supervised Full-Time Medical Physics Training and Work Experience in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

Yes. Completed 1 year of full-time training in medical physics (for areas identified below) under the supervision of Thomas H. Wagner, Ph.D. who meets the requirements for an Authorized Medical Physicist.

**AND**

Yes. Completed 1 year of full-time work experience in medical physics (for areas identified below) under the supervision of Thomas H. Wagner, Ph.D. who meets the requirements for an Authorized Medical Physicist.

NRC FORM 315A (AMP) (5-2008) U.S. NUCLEAR REGULATORY COMMISSION  
**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)**

**b. Supervised Full-Time Medical Physics Training and Work Experience (continued)**

*If more than one supervising individual is necessary to document supervised training, provide multiple copies of this page.*

Description of Training/ Experience	Location of Training/License or Permit Number of Training Facility/Medical Devices Used+	Dates of Training*	Dates of Work Experience*
Medical Physics	MD Anderson Cancer Center-Orlando Orlando Health, Inc., Florida HDR License 4203-4 Varian 23IX-OBI, Varian/Brainlab Novalis, Tomotherapy, Nucletron Microselectron after-loader	7/13/2009 -7/13/2010	7/14/2010 -7/22/2011
Performing sealed source leak tests and inventories	Leak tests performed by third party	N/A	N/A
Performing decay corrections	MD Anderson Cancer Center-Orlando Orlando Health, Inc., Florida HDR License 4203-4 Nucletron Microselectron Ir-192 remote after-loader, and Co-137 sealed sources	7/13/2009 -7/13/2010	7/14/2010 -7/22/2011
Performing full calibration and periodic spot checks of external beam treatment unit(s)	MD Anderson Cancer Center-Orlando Varian 23IX-OBI, Varian/Brainlab Novalis, and Tomotherapy	7/13/2009 -7/13/2010	7/14/2010 -7/22/2011
Performing full calibration and periodic spot checks of stereotactic radiosurgery unit(s)	MD Anderson Cancer Center-Orlando Varian/Brainlab Novalis	7/13/2009 -7/13/2010	7/14/2010 -7/22/2011
Performing full calibration and periodic spot checks of remote afterloading unit(s)	MD Anderson Cancer Center-Orlando Orlando Health, Inc., Florida HDR License 4203-4 Nucletron Microselectron after-loader	7/13/2009 -7/13/2010	7/14/2010 -7/22/2011
Conducting radiation surveys around external beam treatment unit(s), stereotactic radiosurgery unit(s), remote after loading unit(s)	MD Anderson Cancer Center-Orlando Orlando Health, Inc., Florida HDR License 4203-4 Victoreen 450B survey meter	7/13/2009 -7/13/2010	7/14/2010 -7/22/2011

Supervising Individual\*\*

Thomas H. Wagner, Ph.D

License/Permit Number listing supervising individual as an authorized Medical Physicist  
 Orlando Health, Inc., Florida HDR License 4203-4  
 Florida-licensed medical physicist TRP-208

for the following types of use:

- Remote afterloader unit(s)       Teletherapy unit(s)       Gamma stereotactic radiosurgery unit(s)

+ Training and work experience must be conducted in clinical radiation facilities that provide high-energy external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytherapy services.

\* 1 year of Full-time medical physics training and 1 year of full time work experience cannot be concurrent.

\*\* If the supervising medical physicist is not an authorized medical physicist, the licensee must submit evidence that the supervising medical physicist meets the training and experience requirements in 10 CFR 35.51 and 35.59 for the types of use for which the individual is seeking authorization.

3. Education, Training, and Experience for Proposed Authorized Medical Physicist (continued)

c. Describe training provider and dates of training for each type of use for which authorization is sought.

Description of Training	Training Provider and Dates		
	Remote Afterloader	Teletherapy	Gamma Stereotactic Radiosurgery
Hands-on device operation	Thomas H. Wagner, Ph.D. MD Anderson Cancer Center-Orlando Physics Residency Director 7/13/2009-7/22/2011	Thomas H. Wagner, Ph.D. MD Anderson Cancer Center-Orlando Physics Residency Director 7/13/2009-7/22/2011	N/A
Safety procedures for the device use	Thomas H. Wagner, Ph.D. MD Anderson Cancer Center-Orlando Physics Residency Director 7/13/2009-7/22/2011	Thomas H. Wagner, Ph.D. MD Anderson Cancer Center-Orlando Physics Residency Director 7/13/2009-7/22/2011	N/A
Clinical use of the device	Thomas H. Wagner, Ph.D. MD Anderson Cancer Center-Orlando Physics Residency Director 7/13/2009-7/22/2011	Thomas H. Wagner, Ph.D. MD Anderson Cancer Center-Orlando Physics Residency Director 7/13/2009-7/22/2011	N/A
Treatment planning system operation	Thomas H. Wagner, Ph.D. MD Anderson Cancer Center-Orlando Physics Residency Director 7/13/2009-7/22/2011	Thomas H. Wagner, Ph.D. MD Anderson Cancer Center-Orlando Physics Residency Director 7/13/2009-7/22/2011	N/A

Supervising Individual: Thomas H. Wagner, Ph.D.  
 License/Permit Number listing supervising individual as an authorized Medical Physicist: Orlando Health, Inc., Florida HDR License 4203-4  
 Florida-licensed medical physicist TRP-208

for the following types of use:  
 Remote afterloader unit(s)   
  Teletherapy unit(s)   
  Gamma stereotactic radiosurgery unit(s)

If Applicable:

Authorization Sought	Device	Training Provided By	Dates of Training
35.400 Ophthalmic Use of strontium-90	N/A	N/A	N/A

d. Skip to and complete Part II Preceptor Attestation.

NRG FORM 318A (AMP) (3-2009) U.S. NUCLEAR REGULATORY COMMISSION  
**AUTHORIZED MEDICAL PHYSICIST TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)**

**PART II – PRECEPTOR ATTESTATION**

**Note:** This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each.

**First Section**  
**Check one of the following:**

**1. Board Certification**  
 I attest that \_\_\_\_\_ has satisfactorily completed the requirements in  
Name of Proposed Authorized Medical Physicist  
 10 CFR 35.51(a)(1) and (a)(2).

**OR**

**2. Education, Training, and Experience**  
 I attest that William W. Estabrook IV, M.S. has satisfactorily completed the 1-year of full-time  
Name of Proposed Authorized Medical Physicist  
 training in medical physics and an additional year of full-time work experience as required by 10 CFR 35.51(b)(1).

---

**AND**

**Second Section**  
**Complete the following:**

I attest that William W. Estabrook IV, M.S. has training for the types of use for which authorization  
Name of Proposed Authorized Medical Physicist  
 is sought that include hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system.

---

**AND**

**Third Section**  
**Complete the following:**

I attest that William W. Estabrook IV, M.S. has achieved a level of competency sufficient to  
Name of Proposed Authorized Medical Physicist  
 function independently as an Authorized Medical Physicist for the following:

35.400 Ophthalmic use of strontium-90     35.600 Teletherapy unit(s)  
 35.600 Remote afterloader unit(s)     35.600 Gamma stereotactic radiosurgery unit(s)


---

**AND**

**Fourth Section**  
**Complete the following for preceptor attestation and signature:**

I meet the requirements in 10 CFR 35.51, or equivalent Agreement State requirements for Authorized Medical Physicist for the following:

35.400 Ophthalmic use of strontium-90     35.600 Teletherapy unit(s)  
 35.600 Remote afterloader unit(s)     35.600 Gamma stereotactic radiosurgery unit(s)

Name of Preceptor	Signature	Telephone Number	Date
Thomas H. Wagner, Ph.D.		(321) 841-8653	06/28/2011
License/Permit Number/Facility Name Orlando Health, Inc., Florida HDR License 4203-4 Florida-licensed radiation therapy physicist TRP-208			

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM LTS

Program Code: 02230  
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: ST. LUKE'S REGIONAL MEDICAL CENTER  
Received Date: 06/30/2011  
Docket Number: 3032196  
Mail Control Number: 575507  
License Number: 11-27312-01  
Action Type: Amendment

##### 2. FEE ATTACHED

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

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

##### 3. COMMENTS

Signed: Colleen Murnahan

Date: 6-30-2011

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

JUL - 5 2011

DATE

This is to acknowledge the receipt of your letter/application dated 6/30/11, 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:

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** 575507.  
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