

file



WEST VALLEY MEDICAL CENTER

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

Sept. 29, 2011

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

RECEIVED
OCT - 5 2011

DNMS

Attention: Nuclear Materials Licensing Section

Dear Sir or Madam:

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

Kimball Christianson, M.D.

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

Kristin M. Linzmeyer, M.D.

for material identified in 10 CFR 35.200 and

Janet M. Cegnar, M.D.

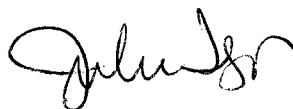
for material identified in 10 CFR 35.100 and 35.200.

Dr Kimball Christianson is listed as an authorized user under license # 11-27306-01 for St. Alphonsus Regional Medical Center in Boise, Idaho. Dr. Kristin M Linzmeyer is listed as an authorized user under license # 11-27312-01 for St. Luke's Regional Medical Center in Boise, Idaho. And Dr. Janet Cegnar is listed as an authorized user under Oregon Radioactive Materials License # ORE-90367 for St. Alphonsus Medical Center-Ontario, Inc.

Thank You,



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



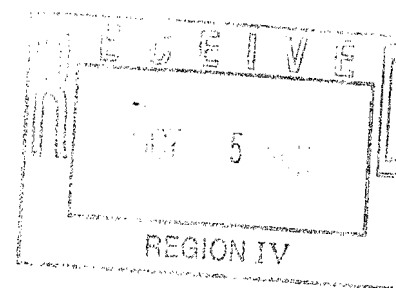
Julie Taylor
CEO
West Valley Medical Center

No 576170

T. Steele, RSO

 **WEST VALLEY
MEDICAL CENTER**
Caldwell's Community Hospital

1717 Arlington Avenue • Caldwell, ID 83605



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10/03/2011

US POSTAGE



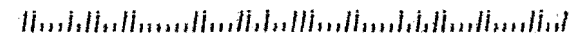
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Nuclear Regulatory Commission
Attn: Nuclear Materials Licensing Section
611 Ryan Plaza Drive
Suite 400
Arlington, TX 76011-8064

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576170

OCT 12 2011

This is to acknowledge the receipt of your letter/application dated 9/29/11, and to inform you that the initial processing, which includes an administrative review, has been performed.

DATE

☒ 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.

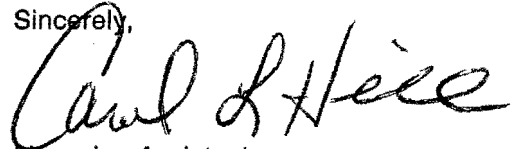
☐ Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 40 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** 576170.
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: 05/21/2012
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: 10/05/2011
Docket Number: 3032242
Mail Control Number: 576170
License Number: 11-27087-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

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: _____