



Saint Alphonsus

St. Alphonsus RMC
1055 N Curtis Rd
Boise, ID 83706
208-367-3124

RECEIVED

JUN 07 2012

DNMS

07JUN12

St. Alphonsus Regional Medical Center
1055 N. Curtis Rd.
Boise, ID 83706

NRC Region IV
1600 E Lamar Blvd
Arlington, TX 76011-4511
Phone: 800-952-9677
Fax: 817-860-8263

RE: Amendment to License Number # 11-27306-01, Amendment 40

Item 1.B Amendment to License number 11-27306-01
Item 2 St. Alphonsus Regional Medical Center
 1055 N. Curtis Rd.
 Boise, ID 83706
Item 3 Same as Item 2
Item 4 Timothy B. Stack, MS, DABR, Medical Physicist
 208-367-3124

Ms. Roldan,

Please amend the license for Y-90 SIR-spheres to read 189 mCi per vial, I had incorrectly requested 108 mCi/vial. The sealed source registry lists the maximum as 189 mCi. 1 Ci total does not need amended.

If you could expedite this for me, I would greatly appreciate it.

Sincerely,

Timothy B. Stack, MS ,RSO, SARMC, 208-367-3124

No. 577645



DATE
06/07/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE St. Alphonsus Medical Center ATTN: Timothy B. Stack, M.S. Radiation Safety Officer 1055 North Curtis Road Boise, Idaho 83706	LICENSE NUMBER 11-27306-01
	MAIL CONTROL NUMBER 577645
	LICENSING AND/OR TECHNICAL REVIEWER ch

This is to acknowledge the receipt of your:

LETTER and/or APPLICATION DATED: 06/07/2012

The initial processing, which included an administrative review, has been performed.

AMENDMENT TERMINATION NEW LICENSE RENEWAL

- There were no administrative omissions identified during our initial review.
- This is to acknowledge receipt of your application for renewal of the material(s) license identified above. Your application is deemed timely filed, and accordingly, the license will not expire until final action has been taken by this office.
- Your application for a new NRC license did not include your taxpayer identification number. Please fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

Your application has been assigned the above listed **MAIL CONTROL NUMBER**. When calling to inquire about this action, please refer to this control number. Your application has been forwarded to a technical reviewer. Please note that the technical review, which is normally completed within 180 days for a renewal application (90 days for all other requests), may identify additional omissions or require additional information. If you have any questions concerning the processing of your application, our contact information is listed below:

Region IV
U. S. Nuclear Regulatory Commission
DNMS/NMSB - B
1600 E. Lamar Boulevard
Arlington, TX 76011-4511
(817) 200-1103 or (817) 200-1140

Emailed 6/7/12

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM LTS

Program Code: 02240
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 02/28/2013
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: ST. ALPHONSUS REGIONAL MEDICAL CENTER
Received Date: 06/07/2012
Docket Number: 3032263
Mail Control Number: 577645
License Number: 11-27306-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Carol L. Hice

Date: _____

6/7/12

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: _____