



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

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AUG 15 2016

DNMS August 2, 2016

Nuclear Materials Licensing Branch
U. S. Nuclear Regulatory Commission, Region IV
1600 E. Lamar Boulevard
Arlington, Texas 76011-4511

Attention: Nuclear Materials Licensing Section

Dear Sir or Madam:

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

- ☐ A.3 Sensitive-Security Related
☐ A.7 Sensitive Internal
☐ Other: _____

Reviewer: *[Signature]* Date: 8-23-16

Please add as an authorized user to West Valley Medical Center, Materials License #11-27087-01 the following:

Saeed Payvar, M.D.

for material identified in 10 CFR 35.100 and 35.200.

Dr. Saeed Payvar, M.D. is an authorized user at Novant Health Heart and Vascular in Galax, VA under Commonwealth of Virginia, Department of Health, Radioactive Materials License # 077-026-1. He is also an authorized user at Novant Health Heart and Vascular in Mount Airy, NC under N.C. Department of Health and Human Services, Radioactive Materials License # 086-1348-1.

Thank You,

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

Betsy Hunsicker
CEO
West Valley Medical Center

591749

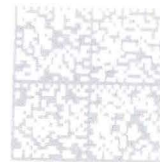
Ten Steele, RSO

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

1717 Arlington Avenue • Caldwell, ID 83605

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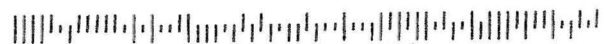


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Arlington, Texas
76011-4511

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CUB-PMP 76011



591749



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Teri Steele, CNMT, RT(N)
Radiation Safety Officer
West Valley Medical Center
1717 Arlington Avenue
Caldwell, ID 83605

Date

08/23/2016

License Number(s)

11-27087-01

Mail Control Number(s)

591749

Licensing and/or Technical Reviewer or Branch

CHill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 08/02/2016

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 complete and submit NRC Form 531, Request for Taxpayer Identification Number, located at the following link: <http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>
Follow the instructions on the form for submission.

☐ The following administrative omissions have been identified:

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) 200-1209 or (817) 200-1140

✓ 8/23/16

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02120
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 05/21/2012
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: West Valley Medical Center, Inc.
Received Date: 08/15/2016
Docket Number: 3032242
Mail Control Number: 591749
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: _____