



UNITED STATES
NUCLEAR REGULATORY COMMISSION
 REGION IV
 1600 EAST LAMAR BLVD
 ARLINGTON, TEXAS 76011-4511

EMAIL



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From: Jacqueline D. Cook
Date: July 14, 2017
Subject: Letters dated June 26 and July 13, 2017 for License Amendment
Pages: 2

Dr. Fairbanks:

Per your letters dated June 26 and July 13, 2017, the items on the next page are deficiencies which require your response. **Please respond to this email by Tuesday, August 1, 2017.** Our fax number is (817) 200-1263. Please provide your response in a signed and dated letter in pdf format. My email address is Jackie.Cook@nrc.gov. When responding to this e-mail, please include the license, docket and control numbers located at the top of this page.

Please note that your renewal application was reviewed using NUREG-1556, Vol. 9, Rev. 2, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licenses" dated January 2008 (<http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/>).

Thanking you in advance for your cooperation, assistance, and prompt response in this matter.

/RA/
 Jacqueline D. Cook
 Senior Health Physicist

PUBLIC

- Immediate Release
- Normal Release

NON-PUBLIC

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

Reviewer: JDC Date: 7/14/17

1. Please note that before adding Dr. Amy Geyer as an authorized medical physicist (AMP) or Dr. Richard Hymas as an authorized user (AU) for 10 CFR 35.600 authorization, they both must have received device specific training in accordance with 10 CFR 35.51(c) and 10 CFR 35.690(c), respectively.

Please submit updated NRC Forms 313A(AMP) Section 3.c. and 313A(AUS) Section 3.e. indicating the training provider and dates of training for each type of use for which authorization is sought.

2. In your July 13, 2017, amendment request, you stated the reason for your expedited request was due to the unexpected passing of your only radiation oncologist at your Twin Falls facility. However, you did not indicate who this person was so we can remove his name as an authorized user, as appropriate.

Please specify the AU whose name should be removed from the list of AUs.

In addition, please accept our sincere condolences in the passing of your beloved physician authorized user.