Hill, Carol

From: Blacker, James <blackerj@slhs.org>
Sent: Wednesday, July 25, 2018 3:26 PM
To: Hill, Carol
Cc: Vanderpool, Jodi
Subject: [External_Sender] License #11-27312-01 Removal of AU and AMP
Attachments: 07-25-2018 Removal AU AMP.pdf

Amendment of License #11-27312-01

Good Afternoon,

I have attached a letter requesting the removal of (1) Authorized User and (5) Authorized Medical Physicists from our license as they no longer employed by St. Luke's:

Please remove the following AU on my license:

- Donald M. Cannon, M.D.

Please remove the following AMP on my license:

- Ethan Jefferson Fairbanks, Ph.D.
- William W. Estabrook, M.S.
- Christopher K. Fitz, M.S.
- Phoebe Y. Shulman-Edelson, M.S.
- Jon W. Wetzel, M.S.

PUBLIC
☐ Immediate Release
☒ Normal Release

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

Reviewer: RLT Date: 8-8-18

Sincerely, James Blacker
RSO
St. Luke's Health System
208-706-4186

"This message is intended for the use of the person or entity to which it is addressed and may contain information that is confidential or privileged, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited. If you have received this message by error, please notify us immediately and destroy the related message."

No 609564

NRC FORM 532
(05-2016)

U.S. NUCLEAR REGULATORY COMMISSION

ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

James D. Blacker, M.S.
Radiation Safety Officer
St. Luke's Regional Medical Center
190 E. Bannock
Boise, ID 83712

Date
08/08/2018

License Number(s)
11-27312-01

Mail Control Number(s)
609564

Licensing and/or Technical Reviewer or Branch
C. Hill

This is to acknowledge receipt of your: ☐ **Letter and/or** ☑ **Application** **Dated:** 07/25/2018

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) 200-1103 or (817) 200-1140

√8/8

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02230
Status Code: Pending Amendment
Fee Category: 3E 7C
Exp. Date: 03/31/2025
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:	07/25/2018
Docket Number:	3032196
Mail Control Number:	609564
License Number:	11-27312-01
Action Type:	Amendment

2. FEE ATTACHED

Amount: _____

Check No.: /

3. COMMENTS

Signed: Carol L Hess

Date: 8/8/18

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: _____