

From: Blacker, James <blackerj@slhs.org>
Sent: Monday, March 04, 2019 4:19 PM
To: Hill, Carol
Cc: Fuller, Scott; Vanderpool, Jodi
Subject: [External_Sender] License #11-27312-01 removal of AU
Attachments: 3-04-2019 Removal AU.pdf

Amendment of License #11-27312-01

Good Afternoon,

I have attached a letter requesting the removal of the following Authorized Users.

- Bryan Douglas Berkey, M.D.
- Courtney Eileen Stewart, M.D.

Sincerely, James Blacker



James Blacker
Asst. Radiation Safety Director
 St. Luke's Health System

☎ 208-706-4186
 ✉ Blackerj@slhs.org

PUBLIC

- Immediate Release
- Normal Release

NON-PUBLIC

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

Reviewer: DOR Date: 3-6-19

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6 1 1 4 8 4



March 4, 2019

Carol L. Hill, Licensing Assistant
US Nuclear Regulatory Commission Region IV
Nuclear Materials Licensing Branch
1600 East Lamar Boulevard
Arlington, Texas 76011-4511

RE: Amendment of License #11-27312-01

Dear Carol Hill:

Please remove the following Authorized Users on my license:

- Bryan Douglas Berkey, M.D.
- Courtney Eileen Stewart, M.D.

Should you need additional information regarding this request, please feel to call me at 208-381-3192, or by email at fullersc@slhs.org.

Sincerely,

Scott Fuller, MS, DABR
Radiation Safety Officer

100 E. Idaho Street
Boise, Idaho 83712
P (208) 381-2711 F (208) 381-4675
(800) 845-4624

1118 NW 16th Street, Suite D
Fruitland, Idaho 83619 P (208) 452-7677 F (208) 452-8681
(800) 473-9618

520 S. Eagle Road
Meridian, Idaho 83642
P (208) 706-5651 F (208) 706-5344
(800) 473-0331

308 E. Hawaii Avenue
Nampa, Idaho 83686
P (208) 467-6700 F (208) 463-6001
(800) 553-6415

725 Pole Line Road W.
Twin Falls, Idaho 83301
P (208) 814-1600 F (208) 814-1910
(800) 947-4852

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MAR 04 2019
DNMS

PUBLIC

- Immediate Release
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NON-PUBLIC

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

Reviewer: _____ Date: _____

St. Luke's Boise
stlukesonline.org

No 6 1 1 4 8 4



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Scott Fuller, M.S., DABR
Radiation Safety Officer
St. Luke's Regional Medical Center
190 E Bannock St
Boise, ID 83712

Date

03/05/2019

License Number(s)

11-27312-01

Mail Control Number(s)

611484

Licensing and/or Technical Reviewer or Branch

C. Hill

This is to acknowledge receipt of your: Letter and/or Application Dated: 03/04/2019

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:

[Empty box for administrative omissions]

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

✓ 3/5

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 Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: St. Luke's Regional Medical Center
Received Date: 03/04/2019
Docket Number: 3032196
Mail Control Number: 611484
License Number: 11-27312-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____

Check No.: _____

3. COMMENTS

Signed: _____

Carol L Heie

Date: _____

3/6/19

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: _____