

Received 6/9/25

Mail Control Number: 647257
Docket Number : 3032196
License Number : 11-27312-01
Licensee Name : St. Luke's Regional Medical Center



190 E. Bannock Street
Boise, Idaho 83712
P (208) 381-2222

June 9, 2025

NRC Region IV Licensing Branch
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

Attention Region 4:

Please remove the following physician as an AU on my license:

- Daniel C. Alder, 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,

A handwritten signature in black ink that reads "Scott Fuller".

Scott Fuller, MS, DABR
Radiation Safety Officer

From: [James Blacker](#)
To: [R4 Licensing Action Submittals](#)
Cc: [Scott Fuller](#)
Subject: [External_Sender] License Amendment Request (11-27312-01)
Date: Monday, June 9, 2025 5:28:45 PM
Attachments: image001.png
6-9-2025 Alder AU removal.pdf

Good afternoon,

I request the removal of Daniel C. Alder, M.D. as an AU on our license as he is now retired.

Regards, James Blacker



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

☎ 208-360-8274 CELL

✉ blackerj@slhs.org

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ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

St. Luke's Regional Medical Center
Scott Fuller, RSO
190 East Bannock Street
Boise, ID 83712

Date

06/10/2025

License Number(s)

11-27312-01

Mail Control Number(s)

647257

Licensing and/or Technical Reviewer or Branch

Giavanna Muffelletto

This is to acknowledge receipt of your: Letter and/or Application Dated: 06/09/2025

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:

Select a location (Use keyboard arrows to select) . . .

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 04822
Status Code: Pending Amendment
Fee Category: 7C(1)
Exp. Date: 04/30/2030
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: 06/09/2025
Docket Number: 3032196
Mail Control Number: 647257
License Number: 11-27312-01
Action Type: Amendment

2. FEE ATTACHED

Amount: N/A

Check No.: N/A

3. COMMENTS

Signed: Giavanna Muffelletto

Date: 06/10/25

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: _____

Agency: NRC

WBL WORKSHEET

DOCKET NUMBER: 3032196 LICENSE NUMBER: 11-27312-01 STATUS: Pending Amendment

MAIL CONTROL NUMBER: 647257 RECEIPT DATE: 06/09/2025 ACTION TYPE: Amendment

DUE DATE: 09/07/2025 INST. CODE: 27312 LICENSE REGION: Region 4

LICENSE TYPE: 30 ENTITY TYPE: C LICENSE GROUP: Medical

ISSUE DATE: ORIGINAL DATE: 05/16/1994 EXPIRATION DATE: 04/30/2030

DECOMMISSIONING CATEGORY: Group 1 LAST ISSUE DATE:

LICENSEE NAME: St. Luke's Regional Medical Center DECOM FIN ASSUR REQD: N
SUBM: N

MAILING ADDRESS LINE1: 190 East Bannock Street CONT PLAN REQD: N APPRV: N

MAILING ADDRESS LINE 2:

CITY: Boise STATE: ID ZIP: 83712

CONTACT PERSON: PREFIX: Ms. FIRST NAME: Jodi MIDDLE INITIAL: L.

LAST NAME: Vanderpool SUFFIX: MBA

JOB TITLE: System Vice President, Quality PHONE: 208-381-8999 FAX: 208-381-8711 EMAIL: vanderpj@slhs.org

BILLING ADDRESS LINE 1:

BILLING ADDRESS LINE 2:

CITY: STATE: Idaho ZIP:

BILLING CONTACT PERSON: FIRST NAME: MIDDLE INITIAL: LAST NAME:

PHONE: EMAIL: FAX:

PRIMARY PGM CODE: 04822 SECONDARY PGM CODE: 04810,04826

INSPECTION REGION: Region 4 PRIORITY: 2

RSO: PREFIX: FIRST NAME: Scott MIDDLE INITIAL: LAST NAME Fuller

SUFFIX: M.S., DABR RSO JOB TITLE: Radiation Safety Officer

RSO PHONE: 208-381-3192 RSO FAX: 208-381-8711 RSO EMAIL: fullersc@slhs.org

STATES WHERE USE IS AUTHORIZED: 1
0- ALL LISTED STATES
1- SAME AS STATE IN ADDRESS
2- ALL STATES
3- NON-AGREEMENT-STATES

AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):