ACCEPTANCE REVIEW MEMO

Licensee: St. Lukes Regional Medical Center

License No.: 11-27312-01 **Docket No.:** 030-32196

Mail Control No.: 470718

Type of Action: Amend **Date of Requested Action:** 09-15-05

Reviewer Assigned: Judith **Date Assigned to Reviewer:** 10-04-05

Reviewer(s) Who Performed Review: Torres

Response Received	Deficiencies Noted During Acceptance Review
10/21/05	1. Submit T&E evidence of Dr. Ririe and Dr. Ball for 35.300 uses.
	2. Note to reviewer: Do SISP review after receipt of
	3. licensee's response.
	4.

Reviewer's Initials: JKW **Date:** 10/24/05

Branch Chief's and/or SR. HP's Initials: RJC **Date:** 10/24/05

☐Yes ☐No Action - decommissioning notification should be issued within 30 days.

☐Yes ☐No Termination request < 90 days from date of expiration

☐Yes ☐No Action to be expedited

_____Medical emergency

_____Licensee in noncompliance (i.e. no RSO, location of use/storage not on license, radioactive material in possession not on license)

_____National Security

_____Other (_____)

Branch Chief's and/or Sr. HP's Initials: _____ **Date:** _____

SISP Review

☐Yes ☑No **Non-Publicly Available, Sensitive** if any item below is checked

_____Radionuclides, forms, and quantities

_____Location of RAM

_____Building drawings with locations of RAM

_____Security of RAM (locks, alarms, etc.)

_____SS&D Catalog information

_____Specifics of Emergency Plan (routes to and from RAM, response to security events, etc.)

_____Safeguards Information

Branch Chief's and/or Sr. HP's Initials: RJC **Date:** 10/24/05

St. Luke's Regional Medical Center
Mountain
States Tumor Institute

FAX TRANSMISSION SHEET

520 S. Eagle
Meridian, ID 83642
(208) 706-5281
(208) 706-5046 – Fax

Date: 10/21/05 **From:** Jefferson Fairbanks

To: Judith Walker **Phone:** 208 706 1412

Fax # 817 860 8263

Re: Amendment

Pages (Including cover sheet) 2

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply

190 East Bannock
Boise, Idaho 83712

208-381-2222

Edwin E. Dahlberg
President and CEO

St Luke's™
Regional Medical Center

October 21, 2005

US Nuclear Regulatory Commission Region IV
Nuclear Materials Licensing Branch
611 Ryan Plaza Drive
Suite 400
Arlington, Texas 76011-8064

RE: Amendment of License #11-27312-01

Dear Judith Walker:

This is an addendum to my previous letter of September 15, 2005 regarding the addition of two authorized users. This letter differs from the previous one in the removal of the request for 35.300 sources.

We wish to add Shane Ball, M.D. and Daniel Ririe, M.D., as authorized users 10 CFR 35.100, 35.200 and 35.500. They each meet the criteria specified in 10 CFR 35.190(a), 35.290(a) and 35.590(a). Copies of their certifications by the American Board of Radiology in Diagnostic Radiology are attached, along with additional documentation.

For further information, please contact the Radiation Safety Officer, Jefferson Fairbanks, PhD at (208) 706-1412 or fax (208) 706-5046.

Sincerely,

Jefferson Fairbanks, PhD
Radiation Safety Officer

St Luke's™
Mountain States
Tumor Institute

September 15, 2005

US Nuclear Regulatory Commission Region IV
Nuclear Materials Licensing Branch
611 Ryan Plaza Drive
Suite 400
Arlington, Texas 76011-8064

RE: Amendment of License #11-27312-01

Dear Sir or Madam:

Please find an amendment request to add two authorized users.

We wish to add Shane Ball, M.D. and Daniel Ririe, M.D., as authorized users 10 CFR 35.100, 35.200, 35.300 and 35.500. They each meet the criteria specified in 10 CFR 35.190(a), 35.290(a), 35.390(a) and 35.590(a). Copies of their certifications by the American Board of Radiology in Diagnostic Radiology are attached, along with additional documentation.

For further information, please contact the Radiation Safety Officer, Jefferson Fairbanks, PhD at (208) 706-1412 or fax (208) 706-5046.

Sincerely,

Jefferson Fairbanks, PhD
Radiation Safety Officer

SEP 21 2005
DNMS

100 E. Idaho Street
Boise, ID 83712
(208) 381-2711
(800) 845-4624 • (208) 381-2974 (fax)

1118 NW 16th Street, Suite D
Fruitland, ID 83619
(208) 452-7677
(800) 473-9618 • (208) 452-7681 (fax)

520 S. Eagle Road
Meridian, ID 83642
(208) 706-5651
(800) 473-0331 • (208) 706-5344 (fax)

308 East Hawaii Avenue
Nampa, ID 83686
(208) 467-6700
(800) 553-6415 • (208) 463-6001 (fax)

656 Addison Avenue W
Twin Falls, ID 83301
(208) 737-2441
(800) 947-4852 • (208) 737-2864 (fax)

08.01.03

STATE OF IDAHO

BOARD OF MEDICINE

1755 Westgate Dr. Ste 140
Boise, Idaho 83704
(208) 327-7000
FAX (208) 327-7005
E-Mail info@bom.state.id.us
Website www.bom.state.id.us

June 1, 2005

DANIEL DELBERT RIRIE MD

Attached below is your temporary license. Please note this temporary license will be valid until the expiration date listed below.

Please contact this office with any questions or corrections.

IDAHO STATE BOARD OF MEDICINE

TEMPORARY LICENSE

THIS CERTIFIES that ***DANIEL DELBERT RIRIE MD***, has complied with the requirements of Idaho and is granted this temporary license to practice as a PHYSICIAN AND SURGEON in Idaho. The licensee shall notify the Board of all changes involved with this license. This temporary license shall become void on the date of expiration.

TEMPORARY LICENSE NO. *TL-3566* Expiration Date *09/15/2005*

ISSUED AND DATED IN BOISE, IDAHO THIS *1st* DAY OF ***June, 2005.***

Nancy M. Kerr, Executive Director
Idaho State Board of Medicine

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America,
the Section on Radiology of the American Medical Association,
the American Society for Therapeutic Radiology and Oncology, the Association of
University Radiologists, and American Association of Physicists in Medicine
Hereby certifies that

Daniel Delbert Ririe, MD

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications and
has passed the examinations conducted under the authority of
The American Board of Radiology
On this eighth day of November, 2004
Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

Diagnostic Radiology

Alan A. Leichel, M.D.
President

Richard V. Hoppe MD
Secretary-Treasurer

P.P. Hattery MD
Executive Director

Certificate No. 49565

Valid through 2014

State of Oregon

BOARD OF MEDICAL EXAMINERS

This certifies that *Daniel Delbert Ririe, MD*

having fulfilled all the requirements of the laws of the State of Oregon and possessing the prescribed qualifications is hereby granted a license to practice

MEDICINE

in the State of Oregon

In testimony whereof we have subscribed our names and caused the Seal of the Board to be affixed on *April 13, 2001*

James R. Scott MD
Chair

Vice-Chair

Secretary

D.O.

Frank J. Spotas, Jr.

Lisa Hull Hodson MD

David B. Grube MD

James W. Nicholas, DO.

MD

Sinnott R. Bald

MD22996
License

The University of Utah

upon the recommendation of the Faculty of

The School of Medicine

has conferred upon

Daniel Delbert Kirie

the Degree of

Doctor of Medicine

with all its Rights, Honors and Responsibilities

In Witness Thereof we have caused the Seal of the University to be affixed this

Twenty-second day of May, One Thousand Nine Hundred Ninety-nine.

Commissioner of Higher Education

Chair, Utah State Board of Regents

UNIVERSITY OF UTAH
MDCCCL

President of the University

Chair, Board of Trustees

Senior Vice President for Health Sciences
Interim Dean, School of Medicine

OREGON HEALTH & SCIENCE UNIVERSITY

To all to whom this writing may come, Greeting:

Be it known that

Daniel Delbert Ririe, M.D.

having acceptably fulfilled the duties of

Resident in Diagnostic Radiology

in the University Hospital and Clinics and affiliated Hospitals for a period of four years beginning July 1, 2000 and ending June 30, 2004 is hereby granted this Certificate in acknowledgment of services loyally performed with all rights and privileges due thereunto appertaining

Dated at Portland, Oregon, June 30, 2004.

Peter O Kohler
President

Joe E Robertson, Jr
Dean, School of Medicine

Peter Rapp
Vice President and Executive Director
OHSU Hospitals and Clinics

Chair of Department, School of Medicine

DANIEL D. RIRIE, M.D.

riried@ohsu.edu

EDUCATION

2004-present	**Oregon Health & Science University**	Neuroradiology Fellowship
2000-2004	**Oregon Health & Science University**	Radiology Residency
1999-2000	**Mercy Hospital of Pittsburgh**	Transitional Internship
1995-1999	**University of Utah School of Medicine**	M.D.
1989-1995	**Brigham Young University**	B.S. Molecular Biology

CERTIFICATION & LICENSURE

2004	**American Board of Radiology**
2001	**Oregon Board of Medical Examiners**
2000	**USMLE**

RESEARCH & CLINICAL INSTRUCTION

2004	Abstract presented at the Western Neuroradiological Society Meeting: *MRI Imaging of the Spinal Cord at 3 Tesla: Current Clinical Applications and Experience.*
2002-2003	Assistant instructor for "Introduction to Clerkships" course at OHSU. taught basic chest radiograph interpretation to medical students.
1999	Created a database for patients studied by MEG at the University of Utah Center for Advanced Medical Technologies.

PUBLICATIONS

Sansone V, Griggs R, Meola G, Ptacek L, Barohn R, Iannaccone S, Bryan W, Baker N, Janas S, Scott W, **Ririe D**, Tawil R, *Andersen's Syndrome: A Distinct Periodic Paralysis.* Annals of Neurology, 05/1997, Volume: 42, Pages: 305-312.

Ririe D, Ptacek L, *Efforts to Localize the Gene Responsible for Familial Cerebral Cavernous Angiomata.* Abstracts of the Frank Tyler Memorial Research Symposium, 09/1996, Volume: 2, Page 26.

STATE OF IDAHO

BOARD OF MEDICINE

1755 Westgate Dr. Ste 140
Boise, Idaho 83704
(208) 327-7000
FAX (208) 327-7005
E-Mail info@bom.state.id.us
Website www.bom.state.id.us

May 18, 2005

SHANE KELLY BALL MD

Attached below is your temporary license. Please note this temporary license will be valid until the expiration date listed below.

Please contact this office with any questions or corrections.

IDAHO STATE BOARD OF MEDICINE

TEMPORARY LICENSE

THIS CERTIFIES that ***SHANE KELLY BALL MD***, has complied with the requirements of Idaho and is granted this temporary license to practice as a PHYSICIAN AND SURGEON in Idaho. The licensee shall notify the Board of all changes involved with this license. This temporary license shall become void on the date of expiration.

TEMPORARY LICENSE NO. ***TL-3556*** Expiration Date ***09/15/2005***

ISSUED AND DATED IN BOISE, IDAHO THIS ***18th*** DAY OF ***May, 2005.***

Nancy M. Kerr, Executive Director
Idaho State Board of Medicine

170718

The American Board of Radiology

Diagnostic Radiology **Radiation Oncology** **Radiologic Physics**

Robert R. Hattery, M.D., Executive Director

June 9, 2004

Shane Kelly Ball, MD

51039 DR 6 42

Dear Dr. Ball:

I am pleased to inform you that you passed the oral examination held on June 8-9, 2004. The American Board of Radiology grants you its Certificate in Diagnostic Radiology. This is a ten-year time-limited certificate. The certificate will be sent to the above address in approximately three months. Your name will appear on the certificate as shown above. If you wish your name to appear differently, please notify the Board office within thirty days.

Your name and demographic information will be included in a Directory published by The American Board of Medical Specialties. It is your responsibility to notify other local and state or national organizations if appropriate.

The American Board of Radiology began issuing ten-year time-limited certificates in Diagnostic Radiology in June 2002. The American Board of Medical Specialties (ABMS) and all of the 24 member boards have developed programs for Maintenance of Certification (MOC). The ABR MOC Program (ABR-MOCP) is designed to assist each diplomate with a ten-year time-limited certificate in fulfilling the requirements as defined by the ABR and ABMS for maintaining certification. The concept of continuous improvement is a significant principle that underpins the ABR-MOCP.

With issuance of your certificate, the ABR automatically considers you as being in the ABR-MOCP. However, it is your responsibility to initiate the program. Please download an enrollment application from the ABR website (www.theabr.org) after January 1, 2005 in order to enroll in the ABR-MOCP as an active participant. We will keep you informed about the ABR-MOCP via various communications. Please notify us in writing immediately of any change of address. You are encouraged to use the website in the future to compile your MOC documentation.

Personally and on behalf of the Board of Trustees of The American Board of Radiology, I wish to congratulate you for this distinguished achievement. You have accomplished one of the most significant milestones in your career.

Sincerely,

R.R. Hattery

Robert R. Hattery, MD

5441 E. WILLIAMS BOULEVARD, SUITE 200 • TUCSON, ARIZONA 85711-4493 • PHONE (520) 790-2900 • FAX (520) 790-3200
E-mail: info@theabr.org • Web Site: www.theabr.org

Shane Kelly Ball

Medical Education

Stanford University Medical Center, Stanford CA
07/2004 – 06/2005
Fellowship, Body Imaging
Training includes cardiovascular MRI and CT, body and breast MRI, body and chest CT, general and vascular ultrasound

Loma Linda University Medical Center, Loma Linda CA
07/2000 – 06/2004
Residency, Radiology

University of Washington School of Medicine, Seattle WA
Veterans Affairs Medical Center, Boise ID
06/1999 – 06/2000
Internship, Preliminary Medicine

Loma Linda University School of Medicine, Loma Linda CA
08/1995 – 05/1999
M.D., 05/1999

Undergraduate Education

Boise State University, Boise ID
08/1989 – 05/1994
B.S., Biology

Medical School Honors/Awards

Loma Linda University School of Medicine Research Scholarship

Internal Medicine with Distinction

Undergraduate Honors/Awards

1994 – Phi Kappa Phi

The Medical Board of California

certifies that

Shane Kelly Ball

a graduate of

Loma Linda University School of Medicine

possesses the qualifications, education and training prescribed by law and is hereby granted a license as a

Physician and Surgeon

entitled to practice the profession of medicine in the State of California.

Given under our hands and the seal of the Medical Board of California this 31st day of May, 2001.

Thomas A. Joe M.D.
President, Division of Licensing

James A. Bolton, Ph.D.
Secretary, Division of Licensing

No. A 74684

emba 12/14/98

Loma Linda University

SCHOOL OF MEDICINE

BE IT KNOWN THAT THE BOARD OF TRUSTEES OF THE UNIVERSITY ON THE RECOMMENDATION OF THE FACULTY AND BY THE AUTHORITY OF THE STATUTES OF THE STATE HAS CONFERRED ON

SHANE KELLY BALL

THE DEGREE

DOCTOR OF MEDICINE

WITH ALL THE PRIVILEGES AND OBLIGATIONS THERETO PERTAINING

IN WITNESS WHEREOF WE HAVE HEREUNTO SUBSCRIBED OUR NAMES AND AFFIXED THE SEAL OF THE UNIVERSITY AT LOMA LINDA IN THE STATE OF CALIFORNIA THIS THIRTIETH DAY OF MAY, NINETEEN HUNDRED NINETY-NINE

CHAIR OF THE BOARD OF TRUSTEES

LOMA·LINDA·UNIVERSITY

PRESIDENT OF THE UNIVERSITY

DEAN OF THE SCHOOL OF MEDICINE

No. 470718

10/26/05
DATE

This is to acknowledge the receipt of your letter/application dated 9/15/05, and to inform you that the initial processing, which includes an administrative review, has been performed.

☒ There were no administrative omissions. Your application will be assigned to a technical reviewer. Please note that the technical review may identify additional omissions or require additional information.

☐ Please provide to this office within 30 days of your receipt of this card:

The action you requested is normally processed within 90 days.

☐ A copy of your action has been forwarded to our License Fee & Accounts Receivable Branch, who will contact you separately if there is a fee issue involved.

Your action has been assigned **Mail Control Number** 470718.
When calling to inquire about this action, please refer to this mail control number.
You may call me at 817-860-8103.

Sincerely,

Colleen Murnahan

Licensing Assistant

NRC FORM 532 (RIV)
(9-2003)

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

(FOR LFMS USE)
INFORMATION FROM LTS

Program Code: 02230
Status Code: 0
Fee Category: 7C 3E 2B
Exp. Date: 20140930
Fee Comments: REF IDA-13-2
Decom Fin Assur Reqd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
   Applicant/Licensee: ST. LUKES REGIONAL MEDICAL CENTER
   Received Date: 20050921
   Docket No: 3032196
   Control No.: 470718
   License No.: 11-27312-01
   Action Type: Amendment

2. FEE ATTACHED
   Amount: /
   Check No.: /

3. COMMENTS

Signed Colleen Murnahan
Date 10/03/05

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 _____

J Fairbanks
520 S. Eagle Rd
Meridian, ID 83642

US Nuclear Regulatory Commission
Region IV
Nuclear Materials Licensing Branch
611 Ryan Plaza Dr.
Suite 400
Arlington, Texas 76011-8064