

## ACCEPTANCE REVIEW MEMO

Licensee: Rasmusen/Kenner

License No.: 11-27662-01

Docket No.: 030-35356

Mail Control No.: 470857

Type of Action: Notification

Date of Requested Action: 01-27-06

Reviewer Assigned:

Date Assigned to Reviewer: 02-16-06

Reviewer(s) Who  
Performed Review: Gaines

Response Received	Deficiencies Noted During Acceptance Review
	1.
	2.
	3.
	4.

Reviewer's Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Branch Chief's and/or SR. HP's Initials: \_\_\_\_\_

Date: \_\_\_\_\_

- ☐ 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: ADG

Date: 2/16/06

ADG

Dr. Charles Rasmussen/Dr. Michael Kenner  
520 South Eagle Road  
Suite 2205  
Meridian ID 83642  
(208) 884-8884

January 27, 2006

Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011-8064

Dear Nuclear Regulatory Commission:

**Subject: Regarding license # 11-27662-01**

Please remove Dr. Scott R. Hiatt, D.O. as an authorized user on our license. He is no longer associated with this business/license.

Respectfully,



Michael D. Kenner, M.D.  
Radiation Safety Officer

11-03-2006  
11-27662-01

11/21/2006

DATE

This is to acknowledge the receipt of your letter/application dated 01-27-06, 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        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 470857.  
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

:  
 : (FOR LEMS USE)  
 : INFORMATION FROM LTS  
 : -----

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Program Code: 02201
Status Code: 0
Fee Category: 7C
Exp. Date: 20100531
Fee Comments:
Decom Fin Assur Req'd: N
.....

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: Decom Fin Assur Req'd: N_____
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CARDIOVASCULAR  
CONSULTANTS  
of IDAHO

Dr. David  
M. [unclear]  
[unclear]  
[unclear]

Dr. David  
M. [unclear]  
[unclear]  
[unclear]  
License # 11-27162-01



# 0000000441



Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Drive, Suite 400  
Arlington, TX 76011-8004

76011+4005    11-27162-01