



## Saint Alphonsus

St. Alphonsus RMC  
1055 N Curtis Rd  
Boise, ID 83706  
208-367-3124

RECEIVED

JUN 07 2012

DNMS

07JUN12

St. Alphonsus Regional Medical Center  
1055 N. Curtis Rd.  
Boise, ID 83706

NRC Region IV  
1600 E Lamar Blvd  
Arlington, TX 76011-4511  
Phone: 800-952-9677  
Fax: 817-860-8263

**RE:** Amendment to License Number # 11-27306-01, Amendment 40

Item 1.B	Amendment to License number 11-27306-01
Item 2	St. Alphonsus Regional Medical Center 1055 N. Curtis Rd. Boise, ID 83706
Item 3	Same as Item 2
Item 4	Timothy B. Stack, MS, DABR, Medical Physicist 208-367-3124

Ms. Roldan,

Please amend the license for Y-90 SIR-spheres to read 189 mCi per vial, I had incorrectly requested 108 mCi/vial. The sealed source registry lists the maximum as 189 mCi. 1 Ci total does not need amended.

If you could expedite this for me, I would greatly appreciate it.

Sincerely,

Timothy B. Stack, MS, RSO, SARMC, 208-367-3124

No. 577645



DATE  
06/07/2012

NAME AND ADDRESS OF APPLICANT AND/OR LICENSEE  St. Alphonsus Medical Center ATTN: Timothy B. Stack, M.S. Radiation Safety Officer 1055 North Curtis Road Boise, Idaho 83706	LICENSE NUMBER 11-27306-01
	MAIL CONTROL NUMBER 577645
	LICENSING AND/OR TECHNICAL REVIEWER ch

This is to acknowledge the receipt of your:

☒ LETTER and/or ☐ APPLICATION DATED: 06/07/2012

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 fill out NRC Form 531, located at the following link:

<http://www.nrc.gov/reading-rm/doc-collections/forms/nrc531.pdf>

Send the completed NRC Form 531, by facsimile, to the following number: (301) 415-5387

A copy of your action has been emailed to our License Fee and Accounts Receivable Branch, in our Headquarters office in Rockville, MD. You will be contacted separately if there is a fee issue involved.

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

*Emailed 6/7/12*

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM LTS

Program Code: 02240  
Status Code: Pending Amendment  
Fee Category: 7C  
Exp. Date: 02/28/2013  
Fee Comments:  
Decom Fin Assur Reqd: N

## License Fee Worksheet - License Fee Transmittal

### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: ST. ALPHONSUS REGIONAL MEDICAL CENTER  
Received Date: 06/07/2012  
Docket Number: 3032263  
Mail Control Number: 577645  
License Number: 11-27306-01  
Action Type: Amendment

#### 2. FEE ATTACHED

Amount: \_\_\_\_\_

Check No.: \_\_\_\_\_

#### 3. COMMENTS

Signed: \_\_\_\_\_

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

### 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: \_\_\_\_\_