



QUALITY COMPASSIONATE CARE

March 20, 2018

RECEIVED
MAR 22 2018

Michelle Hammond
Health Physicist
USNRC- Region IV
Materials Licensing and Inspection Branch
1600 E Lamar Blvd
Arlington, TX 76011-4511

DNMS

PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: HLR Date: 3-30-18

Re: Amendment Request to License 11-27785-01

Ms. Hammond,

I am writing to request the following amendments to NRC License Number 11-27785-01

Remove Charles W. Maile, MD from the license for both authorized user and Radiation Safety Officer.

Name Rhonda Pryne as Radiation Safety Officer – Rhonda currently serves as Radiation Safety Officer on NRC License 46-27704-01 for Kootenai Heart Clinics, LLC, NRC License 11-27307-01 for Kootenai Health and WA State DOH License WN-M0202-1 for Kootenai Heart Clinics, LLC.

Add the following Authorized Users for 35.100 and 35.200 who are currently Authorized Users for 35.100 and 35.200 on NRC License 11-27307-01 for Kootenai Health:

Arne E. Michalson, MD
Linda S. Michalson, MD
David E. Moody, MD
Keith Hewel, MD
Devin T. Caywood, MD

Add Bryan Berkey, MD as an Authorized User for 35.100 and 35.200. Dr. Berkey is board certified by The American Board of Radiology with an AU Eligible designation. He is or has been an Authorized User on an NRC License, but unfortunately we do not have access to the License Number.

Rhonda Pryne can be reached at 208-625-5252 or email rpryne@kh.org

Sincerely,

Sheryl Rickard, CEO
Bonner General Hospital, Inc.

602700



Model Delegation of Authority

QUALITY COMPASSIONATE CARE

Memo To: Radiation Safety Officer
From: Chief Executive Officer
Subject: Delegation of Authority

You, Rhonda Pryor, CNMT, have been appointed radiation safety officer and are responsible for ensuring the safe and secure use of radiation. You are responsible for managing the Radiation Protection Program, identifying radiation protection problems, initiating, recommending, or providing corrective actions, verifying implementation of corrective actions, stopping unsafe activities, and ensuring compliance with regulations. You are hereby delegated the authority necessary to meet those responsibilities, including prohibiting the use of byproduct material by employees who do not meet the necessary requirements and shutting down operations, when justified, to maintain radiation safety. You are required to notify management if staff does not cooperate and does not address radiation safety issues. In addition, you are free to raise issues with the U.S. Nuclear Regulatory Commission at any time. It is estimated that you will spend 1.5 hours per week conducting radiation protection activities.

Sheryl L. Richard
Signature of Management Representative

3/22/2018
Date

I accept the above responsibilities,

Rhonda Pryor
Signature of Radiation Safety Officer

3/23/18
Date

cc: Affected department heads

C-4

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 Physicians in Medicine*

Hereby certifies that

Bryan Douglas Berkey, 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 sixth day of June, 2007

*Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of*

Diagnostic Radiology

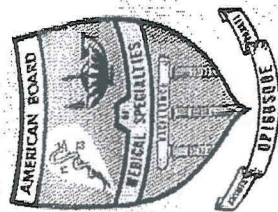
AM Eligible



Wiggo Alderson, MD
President

Lith Eichen
Secretary-Treasurer

R.R. Hooten, MD
Executive Director



Certificate No. 54642

602700



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee

Rhonda Pryne, CNMT
Radiation Safety Officer
Bonner General Health
520 North 3rd Avenue
Sandpoint, ID 83864

Date

03/22/2018

License Number(s)

11-27785-01

Mail Control Number(s)

602700

Licensing and/or Technical Reviewer or Branch

CHill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 03/22/2018

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:

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) 200-1209 or (817) 200-1140

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 02121
Status Code: Pending Amendment
Fee Category: 7C
Exp. Date: 12/31/2024
Fee Comments:
Decom Fin Assur Req: N

License Fee Worksheet - License Fee Transmittal

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: Bonner General Health
Received Date: 03/22/2018
Docket Number: 3036658
Mail Control Number: 602700
License Number: 11-27785-01
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: _____