

Hill, Carol

From: James Blacker <blackerj@slhs.org>
Sent: Monday, August 19, 2019 12:10 PM
To: Hill, Carol
Cc: Scott Fuller; Jodi Vanderpool
Subject: [External_Sender] AMP removal License #11-27312-01
Attachments: Wright AMP removal.pdf

License #11-27312-01

Good Morning,

I am requesting the removal of an Authorized Medical Physicist (AMP) on our license.

The name of the physicist to be removed is Clarissa Wright although the spelling of her name on the license is "Clarrisa Wright".

Thanks, James Blacker



James Blacker
*Asst. Director of Radiation
Safety*
St. Luke's Health System
☎ 208-706-4186
✉ blackerj@slhs.org

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PUBLIC

- ☐ Immediate Release
☒ Normal Release

NON-PUBLIC

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

Reviewer: JBK Date: 8-21-19



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

August 19th, 2019

Carol L. Hill, Licensing Assistant
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

Dear Carol Hill:

Please remove the following AMP on my license:

- Clarissa Wright, M.S.

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,

Scott Fuller, MS, DABR
Radiation Safety Officer

613954



ACKNOWLEDGEMENT - RECEIPT OF CORRESPONDENCE

Name and Address of Applicant and/or Licensee Scott Fuller, M.S., DABR Radiation Safety Officer St. Luke's Regional Medical Center 190 E. Bannock St. Boise, ID 83712	Date 08/21/2019
	License Number(s) 11-27312-01
	Mail Control Number(s) 613954
	Licensing and/or Technical Reviewer or Branch C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☐ Application Dated: 08/19/2019

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:

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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

✓ 8/21

BETWEEN:

Accounts Receivable/Payable
and
Regional Licensing Branches

[FOR ARPB USE]
INFORMATION FROM WBL

Program Code: 04822
Status Code: Pending Amendment
Fee Category: 3E 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: 08/19/2019
Docket Number: 3032196
Mail Control Number: 613954
License Number: 11-27312-01
Action Type: Amendment

2. FEE ATTACHED

Amount: _____
Check No.: _____

3. COMMENTS

Signed: _____

Date: _____

Carol L. Hie
3/21/19

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: _____