



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

RECEIVED  
10/19/2021

October 18, 2021

Mail Control Number: 629043  
Docket Number : 3032196  
License Number : 11-27312-01  
Licensee Name : St. Luke's Regional Medical Center

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 add the following physicians as an AU on my license with the following listed "Material and Use":

- Geoffry De Gennaro, M.D.
  - 35.100
  - 35.200
    - Board Certification attached
    - Form 313 AUD attached
- Benjamin Morrissey, M.D.
  - 35.100
  - 35.200
    - Board Certification attached
    - Form 313 AUD attached

Should you need additional information regarding this request, please feel to call me at 208-381-3192, or by email at [fullersc@slhs.org](mailto:fullersc@slhs.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Fuller".

Scott Fuller, MS, DABR  
Radiation Safety Officer

**From:** [James Blacker](#)  
**To:** [Hill, Carol](#)  
**Cc:** [Scott Fuller](#); [Jodi Vanderpool](#)  
**Subject:** [External\_Sender] Authorized User Addition Request (11-27312-01)  
**Date:** Tuesday, October 19, 2021 10:12:11 AM  
**Attachments:** [image001.png](#)  
[Form 313AUD DeGennaro Oct 2021.pdf](#)  
[Form 313 AUD Morrissey Oct 2021.pdf](#)  
[Morrissey ABR Certificate.pdf](#)  
[10-14-2021 AU Morrissey, De Gennaro.pdf](#)

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Good morning Ms. Hill,

We would like to request the addition of Dr. Geoffry De Gennaro and Dr. Benjamin Morrissey as Authorized Users on our Radioactive Materials License (11-27312-01). We are requesting that both individuals be added for 35.100 and 35.200 uses at this time.

Please review the attached request letter, NRC Form 313AUD, and board certification for both Dr. De Gennaro and Dr. Morrissey.



Should you require additional information, please do not hesitate to contact me at your convenience.

Sincerely,  
James Blacker



**James Blacker**  
*Asst. Director of Radiation Safety*  
St. Luke's Health System

---

 208-360-8274 CELL  
 [blackerj@slhs.org](mailto:blackerj@slhs.org)

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"This message is intended for the use of the person or entity to which it is addressed and may contain information that is confidential or privileged, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited. If you have received this message by error, please notify us immediately and destroy the related message."

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
**(for uses defined under 35.100, 35.200, and 35.500)**  
**[10 CFR 35.57, 35.190, 35.290, and 35.590]**

Name of Proposed Authorized User

Benjamin Morrissey

State or Territory Where Licensed

Idaho

Requested Authorization(s) (check all that apply)

- ☒ 35.100 Uptake, dilution, and excretion studies      ☒ 35.200 Imaging and localization studies  
☐ 35.500 Sealed sources for diagnosis (specify device) \_\_\_\_\_

**PART I -- TRAINING AND EXPERIENCE**  
**(Select one of the three methods below)**

\* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☒ **1. Board Certification**

- a. Provide a copy of the board certification.
- b. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(i), provide the following:
- (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
  - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
- c. Stop here.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

- a. Authorized user on Materials License \_\_\_\_\_ meeting 10 CFR 35.390, 10 CFR 35.57 for 35.300 uses, or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work Experience.  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			

**Total Hours of Experience:** 

Supervising Individual	License/Permit Number listing supervising individual as an authorized user or authorized nuclear pharmacist
------------------------	---

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- ☐ 35.290      ☐ 35.390 + generator experience in 32.290(c)(1)(ii)(G)      ☐ 35.55      ☐ 35.57 for 35.200 uses

c. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
**[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)**

☐ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>			
Radiation biology			
<b>Total Hours of Training:</b> <input type="text"/>			

b. Supervised Work Experience (completion of this table is not required for 35.590).  
*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

Supervised Work Experience		Total Hours of Experience:	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)

**3. Training and Experience for Proposed Authorized User (continued)**

**b. Supervised Work Experience. (continued)**

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs		<input type="checkbox"/> Yes <input type="checkbox"/> No*	

Supervising Individual	License/Permit Number listing supervising individual as an authorized user or an authorized nuclear pharmacist for generator training
------------------------	---

Supervisor meets the requirements below, or equivalent Agreement State requirements (*check one*).

- ☐ 35.190    ☐ 35.290    ☐ 35.390    ☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)  
☐ 35.55    ☐ 35.57 for 35.200 uses

\*Not required for 10 CFR 35.100 use.

**c. For 35.590 only, provide documentation of training on use of the device.**

Device	Type of Training	Location and Dates

**d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.**

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)

**PART II – PRECEPTOR ATTESTATION**

**Note:** This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is not attesting to the individual's "general clinical competency."

**First Section**

**Check one of the following for each use requested:**

For 35.190

☐ I attest that \_\_\_\_\_ has satisfactorily completed the 60 hours of training and  
Name of Proposed Authorized User  
experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

☒ I attest that Benjamin Morrissey \_\_\_\_\_ has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User  
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses under 10 CFR 35.100 and 35.200.

**Second Section**

**Complete one of the following for attestation and signature:**

☒ Authorized User:

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:  
☒ 35.190 ☒ 35.290 ☐ 35.390 ☐ 35.390 + generator experience ☐ 35.57 for 35.200 uses

**OR**

☐ Residency Program Director:

☐ I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience ☐ 35.57 for 35.200 uses

☐ I affirm that this facility member concurs with the attestation I am providing as program director.

☐ I affirm that the residency training program is approved by the:

☐ Residency Review Committee of the Accreditation Council for Graduate Medical Education

☐ Royal College of Physicians and Surgeons of Canada

☐ Council on Post-Graduate Training of the American Osteopathic Association

☐ I affirm that the residency training program includes training and experience specified in:

☐ 35.190 ☐ 35.290

Name of Facility:  
St Luke's Regional Medical Center

License/Permit Number:  
11-27312-01

Name of Preceptor or Residency Program Director (Typed or Printed)

Adam Maxfield, MD

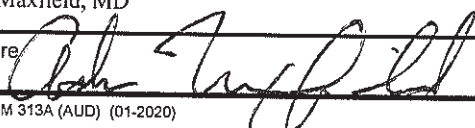
Telephone Number

(208) 381-2094

Date

10/08/2021

Signature





## Verification of Certification and Maintenance of Certification (MOC)

October 8, 2021

**Name:** Dr. Benjamin Joseph Morrissey  
**Practice Locations: ID**  
**Participating in MOC**

<b>Certificate</b> Diagnostic Radiology	<b>Status</b> Valid	<b>Valid Through</b> 03/01/2023*	<b>Maintenance</b> Maintained	<b>MOC Requirements</b> Meeting
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The information provided in this letter is considered the primary source verification. The most current certificate and MOC public reporting status information can be accessed at any time for Dr. Benjamin Joseph Morrissey by entering the required information in the 'Verify board certification status' search on the ABR website at [www.theabr.org](http://www.theabr.org).

For questions regarding the ABR MOC Program or its participation requirements, please contact the board office at (520) 519-2152 or [information@theabr.org](mailto:information@theabr.org).

Sincerely,

Brent Wagner, MD, MBA  
Executive Director  
American Board of Radiology

\*Validity of certification is contingent upon participation in Maintenance of Certification. The ABR recommends verification of certification be repeated annually, three business days after the ABR's March 2nd annual review.

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.57, 35.190, 35.290, and 35.590]

Name of Proposed Authorized User

Geoffrey De Gennaro, MD

State or Territory Where Licensed

Idaho

Requested Authorization(s) (check all that apply)

- ☒ 35.100 Uptake, dilution, and excretion studies    ☒ 35.200 Imaging and localization studies  
☐ 35.500 Sealed sources for diagnosis (specify device) \_\_\_\_\_

**PART I -- TRAINING AND EXPERIENCE**  
(Select one of the three methods below)

\* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

☒ **1. Board Certification**

- a. Provide a copy of the board certification.
- b. For a board certification issued on or before October 24, 2005 that is listed in 10 CFR 35.57(b)(2)(i), provide the following:
- (i) Documentation that the individual performed each use checked above on or before October 24, 2005.
  - (ii) Dates, duration, and description of continuing education and experience within the past seven years for each use checked above.
- c. Stop here.

☐ **2. Current 35.390 Authorized User Seeking Additional 35.290 Authorization**

- a. Authorized user on Materials License \_\_\_\_\_ meeting 10 CFR 35.390, 10 CFR 35.57 for 35.300 uses, or equivalent Agreement State requirements seeking authorization for 35.290.
- b. Supervised Work Experience.  
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs			
<b>Total Hours of Experience:</b> <input type="text"/>			
Supervising Individual		License/Permit Number listing supervising individual as an authorized user or authorized nuclear pharmacist	

Supervisor meets the requirements below, or equivalent Agreement State requirements (check all that apply).

- ☐ 35.290    ☐ 35.390 + generator experience in 32.290(c)(1)(ii)(G)    ☐ 35.55    ☐ 35.57 for 35.200 uses

c. If board certified, provide a copy of the certificate and stop here. If not board certified, skip to and complete Part II Preceptor Attestation.

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)

☐ **3. Training and Experience for Proposed Authorized User**

a. Classroom and Laboratory Training.

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of byproduct material for medical use <i>(not required for 35.590)</i>			
Radiation biology			
<b>Total Hours of Training:</b> <input type="text"/>			

b. Supervised Work Experience (completion of this table is not required for 35.590).  
*(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section.)*

Supervised Work Experience		Total Hours of Experience: <input type="text"/>	
Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)

**3. Training and Experience for Proposed Authorized User (continued)**

**b. Supervised Work Experience. (continued)**

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed byproduct material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled byproduct material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs		<input type="checkbox"/> Yes <input type="checkbox"/> No*	

Supervising Individual

License/Permit Number listing supervising individual as an  
authorized user or an authorized nuclear pharmacist for generator  
training

Supervisor meets the requirements below, or equivalent Agreement State requirements (*check one*).

☐ 35.190    ☐ 35.290    ☐ 35.390    ☐ 35.390 + generator experience in 35.290(c)(1)(ii)(G)

☐ 35.55    ☐ 35.57 for 35.200 uses

\*Not required for 10 CFR 35.100 use.

**c. For 35.590 only, provide documentation of training on use of the device.**

Device	Type of Training	Location and Dates

**d. For 35.500 uses only, stop here. For 35.100 and 35.200 uses, skip to and complete Part II Preceptor Attestation.**

**AUTHORIZED USER TRAINING, EXPERIENCE AND PRECEPTOR ATTESTATION**  
(for uses defined under 35.100, 35.200, and 35.500)  
[10 CFR 35.57, 35.190, 35.290, and 35.590](continued)**PART II – PRECEPTOR ATTESTATION**

**Note:** This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs, or verifies training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. (Not required to meet training requirements in 35.590)

By checking the boxes below, the preceptor is not attesting to the individual's "general clinical competency."

**First Section**

**Check one of the following for each use requested:**

For 35.190

☐ I attest that \_\_\_\_\_ has satisfactorily completed the 60 hours of training and  
Name of Proposed Authorized User  
experience, including a minimum of 8 hours of classroom and laboratory training, required by 10 CFR 35.190(c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses authorized under 10 CFR 35.100.

For 35.290

☒ I attest that Geoffrey De Gennaro, MD has satisfactorily completed the 700 hours of training  
Name of Proposed Authorized User  
and experience, including a minimum of 80 hours of classroom and laboratory training, required by 10 CFR 35.290(c)(1), and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses under 10 CFR 35.100 and 35.200.

**Second Section**

**Complete one of the following for attestation and signature:**

☒ Authorized User:

☒ I meet the requirements below, or equivalent Agreement State requirements, as an authorized user for:  
☒ 35.190 ☒ 35.290 ☐ 35.390 ☐ 35.390 + generator experience ☐ 35.57 for 35.200 uses

**OR**

☐ Residency Program Director:

☐ I affirm that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements below or equivalent Agreement State requirements for:

☐ 35.190 ☐ 35.290 ☐ 35.390 ☐ 35.390 + generator experience ☐ 35.57 for 35.200 uses

☐ I affirm that this facility member concurs with the attestation I am providing as program director.

☐ I affirm that the residency training program is approved by the:

☐ Residency Review Committee of the Accreditation Council for Graduate Medical Education

☐ Royal College of Physicians and Surgeons of Canada

☐ Council on Post-Graduate Training of the American Osteopathic Association

☐ I affirm that the residency training program includes training and experience specified in:

☐ 35.190 ☐ 35.290

Name of Facility:

St Luke's Regional Medial Center

License/Permit Number:

11-27312-01

Name of Preceptor or Residency Program Director (Typed or Printed)

Adam Maxfield, MD

Telephone Number

208-381-20

Date

10/8/21

Signature

# The American Board of Radiology

hereby certifies that

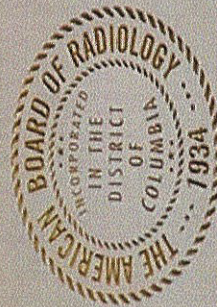
**Geoffry de Gennaro, MD**

*has pursued an accepted course of graduate study and clinical work; has met certain standards and qualifications, including passing the examinations conducted under the authority of The American Board of Radiology, demonstrating to the satisfaction of the Board qualification to practice; and is therefore awarded the Board's certification in*

## Diagnostic Radiology

*Ongoing validity of this certificate is contingent upon meeting the requirements of Continuous Certification.*

AU Eligible



DABR



*Therese P. Mathis, MD*  
President

*A. U.*  
Secretary-Treasurer

*B. B.*  
Executive Director

Certificate No. 74694

Effective: April 5, 2021

# The American Board of Radiology

hereby certifies that

**Benjamin Joseph Morrissey, MD**

*has pursued an accepted course of graduate study and clinical work; has met certain standards and qualifications, including passing the examinations conducted under the authority of The American Board of Radiology, demonstrating to the satisfaction of the Board qualification to practice; and is therefore awarded the Board's certification in*

## Diagnostic Radiology

*Ongoing validity of this certificate is contingent upon meeting the requirements of Continuous Certification.*

AU Eligible



Certificate No. 71563

*B. Wagner*  
President

*Robert M. Benson*  
Secretary-Treasurer

*Valerie B. Johnson*  
Executive Director

DABR



Effective: October 23, 2018



**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**

10/28/2021

**License Number(s)**

11-27312-01

**Mail Control Number(s)**

629043

**Licensing and/or Technical Reviewer or Branch**

C. Hill

This is to acknowledge receipt of your: ☒ Letter and/or ☒ Application Dated: 10/18/2021

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) 200-1103 or (817) 200-1140**

BETWEEN:

Accounts Receivable/Payable  
and  
Regional Licensing Branches

[ FOR ARPB USE ]  
INFORMATION FROM WBL

Program Code: 04822  
Status Code: Pending Amendment  
Fee Category: 7C(1)  
Exp. Date: 04/30/2030  
Fee Comments:  
Decom Fin Assur Req'd: N

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## License Fee Worksheet - License Fee Transmittal

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### A. REGION

#### 1. APPLICATION ATTACHED

Applicant/Licensee: St. Luke's Regional Medical Center  
Received Date: 10/19/2021  
Docket Number: 3032196  
Mail Control Number: 629043  
License Number: 11-27312-01  
Action Type: Decommissioning

#### 2. FEE ATTACHED

Amount: N/A

Check No.: N/A

#### 3. COMMENTS

Signed: Carol L. Hill

Date: 10/28/2021

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

Agency: NRC

## WBL WORKSHEET

DOCKET NUMBER: 3032196	LICENSE NUMBER: 11-27312-01	STATUS: Pending Amendment
MAIL CONTROL NUMBER: 629043	RECEIPT DATE: 10/19/2021	ACTION TYPE: Decommissioning
DUE DATE: 01/17/2022	INST. CODE: 27312	LICENSE REGION: Region 4
LICENSE TYPE: 30	ENTITY TYPE: C	LICENSE GROUP: Medical
ISSUE DATE: 09/16/2021	ORIGINAL DATE: 05/16/1994	EXPIRATION DATE: 04/30/2030
DECOMMISSIONING CATEGORY: Group 1	LAST ISSUE DATE: 09/16/2021	
LICENSEE NAME: St. Luke's Regional Medical Center	DECOM FIN ASSUR REQD: N SUBM: N	
MAILING ADDRESS LINE1: 190 East Bannock Street	CONT PLAN REQD: N      APPRV: N	
MAILING ADDRESS LINE 2:		
CITY: Boise	STATE: ID	ZIP: 83712
CONTACT PERSON: PREFIX: Ms.	FIRST NAME: Jodi	MIDDLE INITIAL: L.
LAST NAME: Vanderpool	SUFFIX: MBA	
JOB TITLE: System Vice President, Quality	PHONE: 208-381-8999	FAX: 208-381-8711      EMAIL: vanderpj@slhs.org
BILLING ADDRESS LINE 1:		
BILLING ADDRESS LINE 2:		
CITY:	STATE: Idaho	ZIP:
BILLING CONTACT PERSON: FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
PHONE:	EMAIL:	FAX:
PRIMARY PGM CODE: 04822	SECONDARY PGM CODE: 04810,04826	
INSPECTION REGION: Region 4	PRIORITY: 2	
RSO: PREFIX:	FIRST NAME: Scott	MIDDLE INITIAL:      LAST NAME Fuller
SUFFIX: M.S., DABR	RSO JOB TITLE: Radiation Safety Officer	
RSO PHONE: 208-381-2222	RSO FAX: 208-381-8711	RSO EMAIL: fullersc@slhs.org
STATES WHERE USE IS AUTHORIZED: 1	0- ALL LISTED STATES 1- SAME AS STATE IN ADDRESS 2- ALL STATES 3- NON-AGREEMENT-STATES	
AUTHORIZED STATES (USE ONLY IF ABOVE IS ZERO):		