

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - Colleen Carol Casey

SUBJECT: VOIDED APPLICATION

Control Number: 314719

Applicant: St. Joseph Memorial Hospital

License Number: 22-09562-01

Docket Number: 030-02239

Date Voided: OCT. 31, 2005

Reason for Void: The applicant physician needs additional time to acquire necessary training in support of request. RSO agreed that voiding action is best at this time.

Colleen Carol Casey 10/31/05  
Signature Date

Attachment:  
Official Record Copy of  
Voided Action

**FOR LFMB USE ONLY**

☐ Refund Authorized and processed

☐ No Refund Due

☐ Fee Exempt or Fee Not Required

Comments: \_\_\_\_\_

Log completed \_\_\_\_\_

Processed by: \_\_\_\_\_