



## CONVERSATION RECORD

02/24/15

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Amber Hunter		DATE OF CONTACT 02/24/15	TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING
E-MAIL ADDRESS ahunter@pemiscot.org		TELEPHONE NUMBER (573) 359-3464	
ORGANIZATION Pemiscot Memorial Health Systems	DOCKET NUMBER(S) 030-12833		
LICENSE NUMBER(S) 24-17486-01	CONTROL NUMBER(S) 585826		
SUBJECT Our review of your renewal request dated January 26, 2015.			
SUMMARY <p>We have reviewed your request for an amendment to your license and find that we are unable to continue this action until we have received additional information outlined below. Include your response in a signed and dated cover letter. The additional information can either be faxed to 630-515-1259 or it can be scanned into a pdf and emailed to the email address below.</p> <p>If you have any questions, you can reach me at (630) 829-9862 or vered.shaffer@nrc.gov.</p> <p>As discussed, we expect to receive your written response on or before April 10, 2015.</p> <p><b>Continue on Page 2</b></p>			
ACTION REQUIRED (IF ANY) ACTION REQUIRED <p>A resubmission of the renewal request is required. Please follow the NRC's guidance for renewal submission, which can be found in Appendix C of NUREG-1556, Vol. 9, Rev 2, "Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Use Licenses." (<a href="http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/">http://www.nrc.gov/reading-rm/doc-collections/nuregs/staff/sr1556/v9/r2/</a>) Please look at the checklist that is found in Appendix C, pages C5 through C-21. You will need to submit a signed and dated Delegation of Authority. A sample of a Delegation of Authority can be found in NUREG-1556, Vol. 9, Rev. 2, Appendix I. You will also need to submit a facility diagram, detailing the location of the hot lab, camera room, treadmill, etc. and how these rooms relate to other areas in your facility.</p> <p><b>Continue on Page 3</b></p>			
NAME OF PERSON DOCUMENTING CONVERSATION Vered A. Shaffer, Materials Licensing Branch, Region III Office, 2443 Warrenville Road, Suite 210, Lisle, Illinois 60532			
SIGNATURE 			