

MATERIALS LICENSE

Pursuant to the Atomic Energy Act of 1954, as amended, the Energy Reorganization Act of 1974 (Public Law 93-438), and Title 10, Code of Federal Regulations, Chapter I, Parts 30, 31, 32, 33, 34, 35, 39, 40 and 70, and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to receive, acquire, possess, and transfer byproduct, source, and special nuclear material designated below; to use such material for the purpose(s) and at the place(s) designated below; to deliver or transfer such material to persons authorized to receive it in accordance with the regulations of the applicable Part(s). This license shall be deemed to contain the conditions specified in Section 183 of the Atomic Energy Act of 1954, as amended, and is subject to all applicable rules, regulations and orders of the Nuclear Regulatory Commission now or hereafter in effect and to any conditions specified below.

Licensee

1. St. Elizabeth Hospital Medical Center

2. P.O. Box 7501
LaFayette, IN 47903

In accordance with letter dated
July 20, 1992

3. License number 13-08615-04 is amended in
its entirety to read as follows:

4. Expiration date May 31, 1996

5. Docket or
Reference No 030-11349

6. Byproduct, source, and/or
special nuclear material

7. Chemical and/or physical
form

8. Maximum amount that licensee
may possess at any one time
under this license

A. Any byproduct
material identified
in 10 CFR 35.100

B. Any byproduct
material identified
in 10 CFR 35.200

C. Any byproduct
material identified
in 10 CFR 35.300

D. Any byproduct
material identified
in 10 CFR 35.400.

E. Any byproduct
material identified
in 10 CFR 31.11

F. Cesium-137

G. Strontium-90
9302260027 920908
PDR ADOCK 03011349
C PDR

A. Any
radiopharmaceutical
identified in 10
CFR 35.100

B. Any
radiopharmaceutical
identified in 10
CFR 35.200

C. Any
radiopharmaceutical
identified in 10
CFR 35.300

D. Any brachytherapy
source identified
in 10 CFR 35.400

E. Prepackaged Kits

F. Sealed source
(Technical
Operations Model
No. 77302)

G. Sealed source
(Nuclear
Enterprises Model
No. 2503/3)

A. As needed

B. As needed

C. As needed

D. As needed

E. As needed

F. 165 millicuries

G. 10 millicuries

COPY

238
ML
DH

**MATERIALS LICENSE
SUPPLEMENTARY SHEET**

License number
13-08615-04

Docket or Reference number
030-11349

Amendment No. 13

9. Authorized Use

- A. Medical use described in 10 CFR 35.100.
- B. Medical use described in 10 CFR 35.200.
- C. Medical use described in 10 CFR 35.300.
- D. Medical use described in 10 CFR 35.400.
- E. In vitro studies
- F. To be used in a Technical Operations Model 773 calibration device for calibration of the licensee's survey instruments.
- G. For use as a standard for calibration of licensee's equipment.

CONDITIONS

- 10. Location of Use: 1501 Hartford Street, LaFayette, Indiana.
- 11. Radiation Safety Officer: David A. McEwen, M.D.
- 12. Authorized Users:
 - A. Paul L. Webster, M.D., for material in 10 CFR 35.100, 35.200, 35.300, 35.400, 31.11., Subitem 6.G.
 - B. David A. McEwen, M.D., for material in 10 CFR 35.100, 35.200, 35.300, 35.400 31.11, Subitem 6.F. and Subitem 6.G.
 - C. Irene C. Gordon, M.D., for material in 10 CFR 35.300, 35.400 and 31.11.
 - D. Phyllis Martin-Simmerman, M.D., for material in 10 CFR 35.100, 35.200, 35.300 and 31.11.
 - E. Jeff S. Cahoon, M.D., for material in 10 CFR 35.100, 35.200, 35.300 and 31.11.
 - F. Mark C. Arvin, M.D., for material in 10 CFR 35.100, 35.200, and 31.11.
 - G. Michael J. Miller, M.D., for material in 10 CFR 35.300, 35.400 and 31.11.
- 13. Pursuant to 10 CFR Part 40, "Domestic Licensing of Source Material," the licensee is authorized to possess, use, transfer, and import up to 999 kilograms of depleted uranium contained as shielding material.

COPY

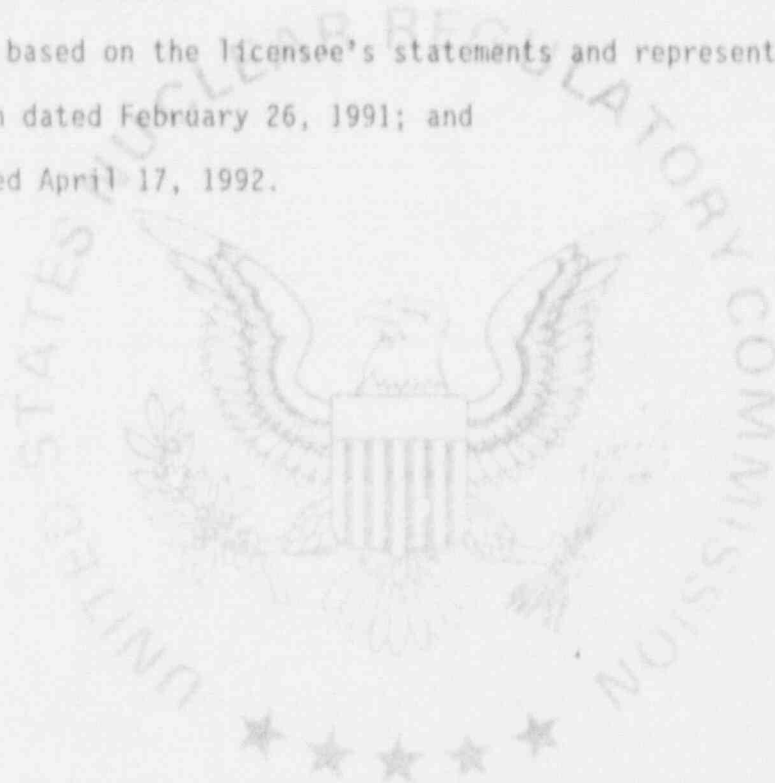
MATERIALS LICENSE
SUPPLEMENTARY SHEET

License number
13-08615-04

Docket or Reference number
030-11349

Amendment No. 13

14. In addition to the possession limits in Condition 8, the licensee shall further restrict the possession of licensed material to quantities below the minimum limit specified in 10 CFR 30.35(d) for establishing decommissioning financial assurance.
15. The licensee shall maintain records of information related to decommissioning at the address in Condition 10, as specified in 10 CFR 30.35(g) until this license is terminated by the Commission.
16. This license is based on the licensee's statements and representations listed below:
 - A. Application dated February 26, 1991; and
 - B. Letter dated April 17, 1992.



FOR THE U.S. NUCLEAR REGULATORY COMMISSION

Date SEP 8 1992

By Deborah A. Petura
Materials Licensing Section, Region III

COPY

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

PROGRAM CODE: 02120

STATUS CODE: 0

FEE CATEGORY: 7C

EXP. DATE: 19960331

FEE COMMENT:

DECOM FIN ASSUR RECD: A

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

APPLICANT/LICENSEE: ST. ELIZABETH HOSPITAL MEDICAL CTR.

RECEIVED DATE: 920727

DOCKET NO: 3011349

CONTROL NO: 393749

LICENSE NO: 13-08615-04

ACTION TYPE: AMENDMENT

2. FEE ATTACHED

AMOUNT: \$420.00

CHECK NO: 15545

3. COMMENTS

SIGNED

DATE

P. Schaff
7-27-92

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

Paul E. Hess
Paul E. Hess
President

RECEIVED

JUL 27 1992

REGION III

PEH/jls

ENCLOSURE

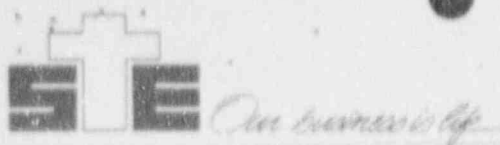
CONTROL NO.

93749

JUL 27 1992

St. Elizabeth Hospital Medical Center
1501 Hartford St. • P.O. Box 7501, Lafayette, IN 47903 • (317) 423-6011

pm 7/24/92



July 20, 1992

United States Nuclear Regulatory Commission
Region III, Materials and Licensing Section
799 Roosevelt Road
Glen Ellyn, Illinois 60137

RE: AMENDMENT TO NRC LICENSE NO. 13-08615-04,
DOCKET # 030-11349

Dear Sir/Madam:

Please add Mark Arvin M.D. to our current NRC license for materials listed in 10CFR 35.100, 35.200, 35.300, 35.400 and 31.11.

Please add Michael Miller, M.D. to our current NRC license for materials listed in 10 CFR 35.300, 35.400, and 31.11.

Enclosed please find a preceptor statement for Dr. Arvin listing his experience in nuclear medicine.

Enclosed please find a copy of the preliminary notification of Dr. Miller's board certification; upon receipt of the official certificate, we shall forward it to the Commission.

Enclosed is a check for the amount of \$430.00 for the amendment fee.

If you have any questions or require any additional information, please feel free to contact our physicist, Duane Zenn, at 1-800-321-2207.

Sincerely,

Paul E. Hess
Paul E. Hess
President

Log	Aug 1 1992
Remitter	
Check No.	153745
Amount	\$430
Fee Category	7
Type of Fee	and 7/30
Date Check Rec'd.	
Date Completed	8/11
By:	AP

PEH/jls

ENCLOSURE

RECEIVED

JUL 27 1992

REGION III

CONTROL NO.

93749

JUL 27 1992

pm 7/24/92

PRECEPTOR STATEMENT

Supplement B must be completed by the applicant physician's preceptor. If more than one preceptor is necessary to document experience, obtain a separate statement from each.

1. APPLICANT PHYSICIAN'S NAME AND ADDRESS

FULL NAME

Mark C. Arvin, M.D.

STREET ADDRESS

3324 Morgan Street

CITY

STATE

ZIP CODE

West Lafayette, IN 47906

KEY TO COLUMN C

PERSONAL PARTICIPATION SHOULD CONSIST OF:

- 1 Supervised examination of patients to determine the suitability for radioisotope diagnosis and/or treatment and recommendation for prescribed dosage.
- 2 Collaboration in dose calibration and actual administration of dose to the patient including calculation of the radiation dose, related measurements and plotting of data.
- 3 Adequate period of training to enable physician to manage radioactive patients and follow patients through diagnosis and/or course of treatment.

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN

ISOTOPE A	CONDITIONS DIAGNOSED OR TREATED B	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION C	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.) D
I-131 or I-125	DIAGNOSIS OF THYROID FUNCTION	23	
	DETERMINATION OF BLOOD AND BLOOD PLASMA VOLUME	2	
	LIVER FUNCTION STUDIES		
	FAT ABSORPTION STUDIES		
	KIDNEY FUNCTION STUDIES		
	IN VITRO STUDIES		
OTHER	I 123 HIPDM Cerebral	31	
I-125	DETECTION OF THROMBOSIS		
I-131	THYROID IMAGING	5	
P-32	EYE TUMOR LOCALIZATION		
Sr-75	PANCREAS IMAGING		
Yb-169	CISTERNOGRAPHY		
Xe-133	BLOOD FLOW STUDIES AND PULMONARY FUNCTION STUDIES	31	
OTHER			
Tc-99m	BRAIN IMAGING	6	
	RODIA IMAGING	97	
	THYROID IMAGING	1	
	SALIVARY GLAND IMAGING		
	BLOOD POOL IMAGING	28	
	PLACENTA LOCALIZATION		
	LIVER AND SPLEEN IMAGING	24	
	LUNG IMAGING	31	
	BONE IMAGING	86	
OTHER	Renal studies	187	

PRECEPTOR STATEMENT (Continued)

2. CLINICAL TRAINING AND EXPERIENCE OF ABOVE NAMED PHYSICIAN (Continued)

ISOTOPE	CONDITIONS DIAGNOSED OR TREATED	NUMBER OF CASES INVOLVING PERSONAL PARTICIPATION	COMMENTS (Additional information or comments may be submitted in duplicate on separate sheets.)
A	B	C	D
P-32 (Soluble)	TREATMENT OF POLYCYTHEMIA VERA, LEUKEMIA, AND BONE METASTASES		
P-32 (Colloidal)	INTRACAVITARY TREATMENT		
	TREATMENT OF THYROID CARCINOMA	2	
I-131	TREATMENT OF HYPERTHYROIDISM	7	
Au-198	INTRACAVITARY TREATMENT		
Co-60 or Cs-137	INTERSTITIAL TREATMENT		
	INTRACAVITARY TREATMENT		
I-125 or Ir-192	INTERSTITIAL TREATMENT		
Co-60 or Cs-137	TELETHERAPY TREATMENT		
Sr-90	TREATMENT OF EYE DISEASE		
	RADIOPHARMACEUTICAL PREPARATION		
Mo-99/ Tc-99m	GENERATOR		
Sn-113/ In-113m	GENERATOR		
Tc-99m	REAGENT KITS		
Tc-99m	GI studies	260	
In 111	WBC abscess imaging	28	
Ga 67	tumor/abscess imaging	4	

3. DATES AND TOTAL NUMBER OF HOURS RECEIVED IN CLINICAL RADIOISOTOPE TRAINING

4. THE TRAINING AND EXPERIENCE INDICATED ABOVE WAS OBTAINED UNDER THE SUPERVISION OF:

a. NAME OF SUPERVISOR

Henry N. Wellman MD.

b. NAME OF INSTITUTION

INMC 926 W. Michigan St.

c. MAILING ADDRESS

Indianapolis, IN 46202

d. CITY

5. MATERIALS LICENSE NUMBER(S)

13-02752-03

6. PRECEPTOR'S SIGNATURE

Henry N. Wellman MD

7. PRECEPTOR'S NAME (Please type or print)

Henry N. Wellman MD

8. DATE

6/30/92

Saint Elizabeth Hospital Medical Center

THIS FACILITY IS A MEMBER OF
ALVERNO ADMINISTRATIVE
SERVICES GROUP PURCHASING.

1561 Hartford Street P.O. Box 7501
Phone 317-423-6135
Lafayette, Indiana 47903

INDIANA RETAIL SALES TAX EXEMPTION NO 713667-10

U.S. NUCLEAR REGULATORY COMMISSION
MATERIALS & LICENSING SECTION
759 ROOSEVELT ROAD

GLEN ELLEN IL 60137

PURCHASE ORDER NO.

175852

RENDER INVOICES IN DUPLICATE TO: ACCTS DEPT
SHOW THIS P.O. NO. ON ALL CORRESPONDENCE, INVOICES, PACKAGES AND SHIPPING PAPERS
ACKNOWLEDGE RECEIPT OF THIS ORDER & ADVISE SHIPPING DATE

BLANKET / MASTER ORDER NUMBER

ORDER DATE 072392 DATE REQUIRED 072392 VENDOR NUMBER 89755

TERMS F.O.B. SHIP TO:

HOSPITAL RECEIVING DEPT BUYER: LLG SHIP VIA WEST WAY

ITEM NO.	QUANTITY	UNIT OF MEASURE	DEPARTMENT OR PART NUMBER	DESCRIPTION	VENDOR PART NUMBER	UNIT PRICE	EXTENDED PRICE
1	1EA		HUC MED 723096700	AMENDMENT FEE FOR NRC LICENSE #13-08615-04, DOCKET #030-11349 FOR ADDITION OF DR. MARK ARVIN & DR. MICHAEL HILLER TO THE HOSPITAL MATERIALS LICENSE. *** CHECK ENCLOSED ***		430.0000	430.00
ORDER TOTAL						430.00	

93749 CONTROL NO.

**** LAST PAGE ****

ALL INQUIRIES REGARDING THIS ORDER SHOULD BE REFERRED TO THE PURCHASING DEPARTMENT. SUBSTITUTION WILL NOT BE PERMITTED WITHOUT PRIOR APPROVAL IN WRITING FROM THE PURCHASING DEPARTMENT.

SHIP TO THE ATTENTION OF RECEIVING DEPARTMENT

RECEIVING HOURS 8:00 A.M. - 3:30 P.M.

ALL SHIPMENTS MUST BE FULLY PREPAID. ANY TRANSPORTATION CHARGES SHOULD BE ADDED TO INVOICE

ALVERNO-0001A-Riv 3/89



VENDOR

BY *M. Jack King*
AUTHORIZED SIGNATURE

THIS PURCHASE ORDER SUBJECT TO ALL TERMS AND CONDITIONS ON BACK

SEP 11 1992

St. Elizabeth Hospital Medical Center
ATTN: Paul Hess
President
P.O. Box 7501
LaFayette, IN 47903

Dear Mr. Hess:

Enclosed are Amendment Nos. 13, and 16, to your NRC License Nos. 13-08615-04 and 13-08615-05 respectively in accordance with your request.

Please note that Dr. Arvin was not given authorization for material in 10 CFR 35.300. The training requirements specified in Sections 35.932 and 35.934 state that a physician must submit documentation of his personal involvement in the treatment of hyperthyroidism in 10 individuals and the treatment of thyroid carcinoma in 3 individuals. The preceptor statement that you submitted for Dr. Arvin showed that he has participated in 2 thyroid carcinoma and 7 hyperthyroidism cases. Dr. Arvin may work under the supervision of another physician who is authorized for 35.300 to obtain the additional cases and submit documentation of this to our office as additional information to Control Number 93749.

Also, note that we have not authorized Dr. Arvin for 35.400 (brachytherapy) material. The information listed on his preceptor statement did not include his training and experience using sealed sources for therapy. If Dr. Arvin can provide documentation which demonstrates that he has completed the training criteria outlined in Section 35.940, please submit this information to Control Number 93749.

Please review the enclosed document carefully and be sure that you understand all conditions. You must conduct your program involving radioactive materials in accordance with the conditions of your NRC license, representations made in your license application, and NRC regulations. In particular, note that you must:

1. Operate in accordance with NRC regulations 10 CFR Part 19, "Notices, Instructions and Reports to Workers; Inspections," 10 CFR Part 20, "Standards for Protection Against Radiation," and other applicable regulations.
2. Possess radioactive material only in the quantity and form indicated in your license.
3. Use radioactive material only for the purpose(s) indicated in your license.

93749

SEP 11 1992

4. Notify NRC in writing of any change in mailing address.
5. Request and obtain appropriate amendment if you plan to change ownership of your organization, change locations of radioactive material, or make any other changes in your facility or program which are contrary to your license conditions or representations made in your license application and any supplemental correspondence with NRC. Any amendment request should be accompanied by the appropriate fee specified in 10 CFR Part 170.
6. Submit a complete renewal application with proper fee or termination request at least 30 days before the expiration date on your license. You will receive a reminder notice approximately 90 days before the expiration date. Possession of radioactive material after your license expires is a violation of NRC regulations.
7. Request termination of your license if you plan to permanently discontinue activities involving radioactive material prior to your expiration date.

You will be periodically inspected by NRC. Failure to conduct your program in accordance with NRC regulations, license conditions, and representations in your license application will result in enforcement action against you in accordance with the General Policy and Procedures for NRC Enforcement Actions, 10 CFR Part 2, Appendix C.

If you have any questions or require clarification of any of the above stated information, contact us at (708) 790-5625.

Sincerely,

Deborah A. Piskura
Materials Licensing Section

Enclosures:

1. Amendment Nos. 13. and 16.
2. 10 CFR Part 35

R111

DAP
Piskura/mc
9/08/92

ST. ELIZABETH HOSPITAL MEDICAL CENTER
MEDICAL RECORD DEPARTMENT
1501 HARTFORD STREET
P. O. BOX 7501
LAFAYETTE, IN 47903

PHONE NUMBER: 317-423-6116

FAX NUMBER: 317-742-1707

TELEFACSIMILE COVER FORM

TO: Person: Debbie Askura
Department/ Division: NRC Licensing Section
Receiving FAX number: 708-790-5693

FROM: Person: Dan Clark
Department: Nuclear Medicine

MESSAGE: RE Control # 93749

NUMBER OF PAGES BEING SENT, INCLUDING THIS COVER SHEET: 2

DATE: 9/1/92

TIME SENT: _____

CONFIDENTIALITY NOTICE:

The documents accompanying this telecopy transmission contain confidential information. The information is intended only for the use of the individual(s) named above. If you are not the intended recipient, you are notified that disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is not permissible. If you have received this telecopy in error, please immediately notify us by telephone at the above number to arrange for return of the original documents. Thank you.

The American Board of Radiology

2301 W. Big Beaver Rd., Suite 625
Troy, Michigan 48064
(313) 843-0300

June 10, 1991

34928 DR 12 320
MARK CURTIS ARVIN MD
6343 A COMMONS DRIVE
INDIANAPOLIS, IN 46254

DEAR DOCTOR ARVIN:

I am pleased to inform you that you passed the oral examination. The American Board of Radiology voted on June 6, 1991 to grant you its certificate in DIAGNOSTIC RADIOLOGY.

With personal congratulations, I am

Sincerely yours,

Kenneth L. Krabbenhoft
Kenneth L. Krabbenhoft, M.D.
Executive Director

IMPORTANT INFORMATION

1. Please return the ENCLOSED 'Request for Certificate Card' to the Board Office immediately. Delivery of certificates will take approximately 2-4 months.
2. Now that you have been certified by The American Board of Radiology, your name will be included in a Directory published by the American Board of Medical Specialties unless you specify otherwise in writing.
3. It is your responsibility to notify your local and state medical organizations of your certification.
4. Now that you are a Diplomate of The American Board of Radiology, you should know about a form of certification which may be of interest to you, namely, DIAGNOSTIC RADIOLOGY WITH SPECIAL COMPETENCE IN NUCLEAR RADIOLOGY. Requirements are:
 - a. That the candidate hold a certificate in Radiology or in Diagnostic Radiology.
 - b. That the candidate will have obtained twelve months full-time residency training in Nuclear Radiology in an accredited department of Diagnostic Radiology or Nuclear Medicine.

If you wish to obtain this certificate and feel that you are qualified for the next oral examination, please request application forms from the Board office and complete and return them by September 30, 1991.

ST. ELIZABETH HOSPITAL MEDICAL CENTER
MEDICAL RECORD DEPARTMENT
1501 HARTFORD STREET
P. O. BOX 7501
LAFAYETTE, IN 47903

PHONE NUMBER: 317-423-6116
FAX NUMBER: 317-742-1707

TELEFACSIMILE COVER FORM

TO: Person: Debbie Piskura
Department/Division: NRC Licensing Section
Receiving FAX number: 708-790-6493

FROM: Person: Dan Clark
Department: Nuclear Medicine

MESSAGE: RE Control # 93749

NUMBER OF PAGES BEING SENT, INCLUDING THIS COVER SHEET: 3

DATE: 8-28-92 TIME SENT: _____

CONFIDENTIALITY NOTICE:

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Thank you.

RECEIVED

AUG 28 1992

REGION III

Thomas E. Mooney, M.D., President
Englewood, Florida

Lee F. Rogers, M.D., Vice President
Chicago, Illinois

C. Douglas Maynard, M.D., Secretary-Treasurer
Winston-Salem, North Carolina

David G. Bragg, M.D.
Salt Lake City, Utah

Robert E. Campbell, M.D.
Philadelphia, Pennsylvania

M. Paul Capp, M.D.
Tucson, Arizona

William J. Costello, M.D.
Atlanta, Georgia

Lawrence W. Davis, M.D.
Bronx, New York

Gregory D. Dodd, M.D.
Houston, Texas

Sarah S. Donaldson, M.D.
Stanford, California

Jack Edelen, M.D.
Houston, Texas

The American Board of Radiology

Kenneth L. Krabbenhoft, M.D., Executive Director
Jerome F. Wiot, M.D., Assistant Executive Director

SUITE 625
2221 W. BIG BEAVER ROAD
TROY, MICHIGAN 48064

PHONE (313) 643-0300
FAX (313) 643-0353

November 19, 1991

Milton Etkin, M.D.
New York, New York

Thomas S. Harle, M.D.
Houston, Texas

John A. Kirkpatrick, Jr., M.D.
Boston, Massachusetts

Jack S. Kohnner, Ph.D.
Georgetown, Texas

George E. Lennett, M.D.
San Diego, California

Rodney R. Miller, M.D.
Gainesville, Florida

Charles A. Pincus, M.D.
St. Louis, Missouri

Leslie J. Peters, M.D.
Houston, Texas

William F. Powers, M.D.
Detroit, Michigan

Joseph F. Buckett, M.D.
Madison, Wisconsin

Melvin H. Schreiber, M.D.
Galveston, Texas

36139 TR 06 085
MICHAEL JAMES MILLER MD
4530 ROMENCE ROAD
PORTAGE, MI 49002

DEAR DOCTOR MILLER:

I am pleased to inform you that on October 3-4, 1991, you passed the written examination in RADIATION ONCOLOGY.

You are admissible to the oral examination the week of June 1, 1992, at the Executive West Hotel in Louisville, KY.

Your form for that examination will be mailed to you in January 1992. The application you have on file will suffice for the oral examination.

Please notify us immediately of any change of address.

Sincerely yours,

Kenneth L. Krabbenhoft MD
Kenneth L. Krabbenhoft, M.D.

KLK/jm
enc

RECEIVED

AUG 28 1992

REGION III

2301 W. Big Beaver Rd., Suite 625
Troy, Michigan 48064
(313) 643-0300

June 9, 1992

36139 TR 16 224
MICHAEL JAMES MILLER MD
134 BURNBERRY DRIVE
LAFAYETTE, IN 47905

DEAR DOCTOR MILLER:

I am pleased to inform you that you passed the oral examination. The American Board of Radiology voted on June 4, 1992 to grant you its certificate in RADIATION ONCOLOGY.

With personal congratulations, I am

Sincerely yours,

Kenneth L. Krabberhoft M.D.
Kenneth L. Krabberhoft, M.D.
Executive Director

IMPORTANT INFORMATION

1. Please return the enclosed 'Request for Certificate Card' to the Board Office IMMEDIATELY. Delivery of certificates will take approximately 3-4 months.
2. Your name will be included in a Directory published by the American Board of Medical Specialties unless you specify otherwise in writing to the ABMS.
3. It is your responsibility to notify your local and state medical organizations of your certification.

RECEIVED
AUG 28 1992
REGION III

CONVERSATION RECORD

TIME

10:00

DATE

8/21/92

TYPE

☐ VISIT

☒ CONFERENCE

☒ TELEPHONE

☐ INCOMING

☒ OUTGOING

ROUTING

NAME/SYMBOL

INT

Location of Visit/Conference:

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

ORGANIZATION (Office, dept., bureau, etc.)

TELEPHONE NO.

Don Clark

St. Elizabeth Hosp

317-

423-6847

SUBJECT

CN 93749 & 93750

Med. Ck

SUMMARY

I spoke with Mr. Clark about the amendment requests for the above licenses. We need additional info in order to add Drs. Miller and Arvin to the license:

To Dr. Miller: We need a copy of "preliminary notification letter" - This was not enclosed with your request as stated.

To Dr. Arvin: Please complete Supplement A of the Prescriber Statement. Also complete # 3 of Supplement B. Based on the info submitted, I cannot authorize him for 35,300 and 35,400. If you have any info on the contrary, please include with your submitted.

ACTION REQUIRED

St. Elizabeth FAX 317-742-5681

Respond w/ 30 days or action will be void

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

D. H. Ristow

8/21/92

ACTION TAKEN

SIGNATURE

TITLE

DATE