



## CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU		DATE OF CONTACT		TYPE OF CONVERSATION	
Tracy King		11/09/2021		<input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING	
E-MAIL ADDRESS		TELEPHONE NUMBER			
tking@mpcphysics.com		734-662-3197			
ORGANIZATION		DOCKET NUMBER(S)			
Covenant Medical Center, Inc		030-02012			
LICENSE NAME AND NUMBER(S)		MAIL CONTROL NUMBER(S)			
Covenant Medical Center, Inc. License No. 21-01492-02		CN 628608			
SUBJECT					
Pending NRC License Amendment - Additional Information Required					
SUMMARY AND ACTION REQUIRED (IF ANY)					
<p>This is a record of the conversation between Laura Cender and Tracy King, representing Covenant Medical Center Inc. regarding the license amendment request dated September 16, 2021.</p> <p>Please provide your response to the following items by no later than Friday, November 26, 2021.</p> <ol style="list-style-type: none"><li>1. Please provide a new copy of the board certificate provided for Lodewijk Jules van Holsbeeck, M.D. The original copy provided through fax did not print well and is blacked out. From reviewing Dr. van Holsbeeck's certification online it appears that he is under the ABR's Maintenance of Certification process. Please ensure that the board certificate provided is the original ABR board certificate, and not a recertification. If the original board certificate was issued more than 7 years ago please provide documentation of continuing education and training per the requirements of 10 CFR 35.59.</li><li>2. Provide a copy of the original ABNM board certification for Dr. Rebenstock. Provide documentation of relevant continuing education and training per the requirements of 10 CFR 35.59.</li><li>3. Indicate how final disposition of unsealed material, including waste, was performed (i.e. decay-in-storage, transfer to another authorized location or licensee, etc). If material was disposed of through decay-in-storage please provide final waste records.</li></ol>					
NAME OF PERSON DOCUMENTING CONVERSATION					
Laura B. Cender					
SIGNATURE				DATE OF SIGNATURE	
				11/09/2021	