

U.S. NUCLEAR REGULATORY COMMISSION		Conversation Date: 4/28/05	
TELEPHONE CONVERSATION RECORD		Time:	
Mail Control No.:	License No.:	Docket No.:	
136500	45-01589-01	030-03308	
Licensee/Applicant Participant(s):	Organization:	Telephone No.:	
Johnny Graves	State of TN	615-532-0364	
Person(s) Calling: T. Weidner			
Subject: Verification of M.D.'s licensure			
Summary:			
<p>Valley Health System requested that Dr. Fox be added to their license. They stated that he was listed on Holsten Valley Medical Center's license. I spoke with Mr. Graves to verify the information on Dr. Fox. According to Mr. Graves, Dr. Fox was authorized on Holsten Valley Medical Center's license.</p>			
Action Required/Taken: Complete the action			
Prepared By: T. Weidner		Date: 5/2/05	