VOID SHEET

TO: License Fee Management Branch

FROM: Region 3

SUBJECT: VOIDED APPLICATION

Control number: 314374

Applicant: ADVANCED CARDIAC HEALTH CARE

License Number: 21-26784-01

Docket Number: 03034402

Date Voided: June 21, 2005

Reason for Void: The licensee failed to submit sufficient information on preceptor form. Licensee needs additional time to respond because they may need to have a new preceptor to sign for the physicians training and experience. Can resubmit request as additional information to control 314374.

W. P. Reichhold

W. P. Reichhold June 21, 2005

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: _____