VOID SHEET

TO: License Fee Management Branch

FROM: RIII - **James R. Mullauer**

SUBJECT: VOIDED APPLICATION

Control Number: **314957**

Applicant: **Heartland Regional Medical Center**

License Number: **24-18287-01**

Docket Number: **030-14791**

Date Voided: **11/14/05**

Reason for Void: **The reviewer spoke to the licensee, Andrew Martin, Lead Technologist on 11/14/05 and informed Mr. Martin that the new regulations in Part 35 no longer recogizes ABR certification and since no other information was provided with this request, he would need to resubmit in accordance with the new regulations. Mr. Martin stated that this may take considerable time since there are 3 physicians involved and that he would resubmit his request when all the required information is available. The reviewer inform Mr. Martin that this request would, therefore, be voided. Mr. Martin agreed to this resolution. No other changes were requested in this action.**

James Mullauer 11/14/05

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