

VOID SHEET

TO: License Fee Management Branch

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

SUBJECT: VOIDED APPLICATION

Control Number: **315297**

Applicant: **Methodist Hospital of Gary, Inc.**

License Number: **13-16558-01**

Docket Number: **030-11234**

Date Voided: **5/17/06**

Reason for Void: **The reviewer spoke to Bashir Pothiwala, RSO on 5/17/06 to discuss the status of their amendment request dated February 28, 2006. The amendment was to add a physician to the license. The reviewer called on April 4, 2006 and May 1, 2006 and again on May 17, 2006 to determine the status of the preceptor information concerning this physician. The RSO informed the reviewer that he was unable to obtain the preceptor form from the physician in a timely manner. The RSO advised the reviewer that the request should be tabled until such time that the needed information is obtained. Therefore, this licensing action is voided.**

Jim Mullauer 5/17/06
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: _____