

U.S. NUCLEAR REGULATORY COMMISSION		Date: 5/22/06
TELEPHONE CONVERSATION RECORD		Time: 11:15 am
Mail Control or Report No(s).	138710	License No(s). 45-23040-01 Docket No(s). 030-20205
Name of Licensee:	Culpeper Regional Hospital	
Name of Participant(s):	Theresa Ford, Director of Medical Imaging Chris Hott, Health Physicist	
Telephone No.	540-829-4100	
Subject: (NOTE: This will be used as the Documents Title in ADAMS)	Deficiencies regarding request dated April 13, 2006	
Summary:	Informed Ms. Ford that Dr. Erdag needed a preceptor statement to be added to Culpeper Regional Hospital's license. Specifically, a preceptor statement that meets the requirements in 10 CFR 35.290(c)(2) is needed. Also informed Ms. Ford that this additional info must be submitted within 30 days.	
Action Required:	Licensee must submit required information	
Document Availability:	<input checked="" type="checkbox"/> Publicly Available <input type="checkbox"/> Non-Publicly Available <input checked="" type="checkbox"/> Non-Sensitive <input type="checkbox"/> Non-Sensitive Copyright <input type="checkbox"/> Sensitive <input type="checkbox"/> Sensitive Copyright <input type="checkbox"/> Immediate Release <input checked="" type="checkbox"/> Normal Release <input type="checkbox"/> Delay Release Date	
Prepared & SUNSI Review Completed By:	/ RA / CHott Date: 6/2/06	