

VOID SHEET

TO: License Fee Management Branch
FROM: Region 3
SUBJECT: VOIDED APPLICATION

Control number: 316389

Applicant: CHIPPEWA COUNTY WAR MEMORIAL HOSPITAL

License Number: 21-20318-01

Docket Number: 030-18244

Date Voided: September 28, 2007

Reason for Void: The licensee submitted insufficient information to add a physician user. The licensee needs to choose a different pathway to add the physician user. This may take some time because his training and experience is over 7 years old. Discussed voiding the request with the RSO, David MaDonough and he stated that it was OK to void the request. They would resubmit at a later date because the physician needs to update his training and experience.

W. P. Reichhold

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September 28, 2007

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: _____