

**From:** Penny Lanzisera  
**To:** llbrandon@hearthosp.org  
**Date:** Fri, Jan 11, 2008 1:24 PM  
**Subject:** Request for Preceptor Statement

Licensee: Connecticut Multispecialty Group, P.C.  
License No.: 06-14854-01  
Docket No. 030-08163  
Mail Control: 141464

Dear Lori,

In support of your request to add Dr. Melek, please provide a preceptor statement. **Part II** of NRC Form 313A (AUD) may be used. The form may be found at [http://www.nrc.gov/reading-rm/doc-collections/forms/nrc313a\(aud\).pdf](http://www.nrc.gov/reading-rm/doc-collections/forms/nrc313a(aud).pdf)

You may fax your response to my attention to 610-337-5269. Please reference Mail Control No. 141464 in your response.

Penny Lanzisera  
US NRC, Region 1

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**Subject:** Request for Preceptor Statement  
**Creation Date:** Fri, Jan 11, 2008 1:24 PM  
**From:** Penny Lanzisera

**Created By:** PAN@nrc.gov

**Recipients**  
hearthosp.org  
llbrandon (llbrandon@hearthosp.org)

**Post Office**

**Route**  
hearthosp.org

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**Expiration Date:** None  
**Priority:** Standard  
**ReplyRequested:** No  
**Return Notification:** None

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