

**Void Sheet**

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

Control Number: 316894

Applicant: St. Joseph Health Center

License Number: 24-02704-01

Docket Number: 030-02310

Date Voided: April 18, 2008

Reason for Void: The licensee submitted request to add a physician as an authorized user, however, the board certification for the physician was not recognized by the NRC. The licensee was requested to resubmit their request choosing a different pathway.

*W.P. Reichhold*  
W.P. Reichhold          **April 18, 2008**  
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: \_\_\_\_\_