



Region I Office
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Telephone Conversation Record

Date: 2.5.15
 License No.: 47-16259-01
 Docket No. (no hyphens): 03010683
 Mail Control/Report No.: 585703
 Licensee Name: Monongalia Hospital
 Participant(s) Name/Title: Mark Perna, RSO
 Work Telephone No.: 412-551-9259
 Business Cellphone No.:
 NRC Representative Name/Title: Tara Weidner/Sr. HP

Subject: RAI for Drs. Tuel, Stover, and Kupec

Discussion: In the letter dated 12/30/14, the licensee requested that Drs. Tuel, Stover, and Kupec be added to the license as authorized users for 35.100; 35.200; and I-131. Preceptor attestation forms and ABR certificates were provided for each physician. However, pages were missing from the submission. M. Perna will forward the missing pages to me asap.

Action Required: Wait for additional information

SUNSI REVIEW													
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SUNSI Review Completed by: TLWeidner													

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