



CONVERSATION RECORD

02/20/15

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU

Ken Wohlt

DATE OF CONTACT

02/20/15

TYPE OF CONVERSATION

E-MAIL

TELEPHONE

INCOMING

OUTGOING

E-MAIL ADDRESS

ken.wohlt@coxhealth.com

TELEPHONE NUMBER

(417) 269-5309

ORGANIZATION

Wheeler Heart and Vascular Center

DOCKET NUMBER(S)

030-18487

LICENSE NUMBER(S)

24-24332-01

CONTROL NUMBER(S)

585830

SUBJECT

Our review of your request for license renewal received on January 20, 2015.

SUMMARY

We have reviewed your request for license renewal and find that we are unable to continue this action until we have received additional information outlined below. The delegation of authority can either be faxed to 630-515-1259 or it can be scanned into a pdf and emailed to the email address below.

If you have any questions, you can reach me at (630) 829-9862 or vered.shaffer@nrc.gov.

Please provide your written response on or before March 13,2015.

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ACTION REQUIRED (IF ANY)

ACTION REQUIRED

The NRC has received your application for license renewal. A Delegation of Authority between the RSO and the license's management was not included with the application received. It is a required part of your application. Please provide a signed and dated Delegation of Authority.

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NAME OF PERSON DOCUMENTING CONVERSATION

Vered A. Shaffer, Materials Licensing Branch, Region III Office, 2443 Warrenville Road, Suite 210, Lisle, Illinois 60532

SIGNATURE

Vered A. Shaffer
AS