



CONVERSATION RECORD

11/19/15

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Evan J. Boote, Ph.D		DATE OF CONTACT 11/19/2015	TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input checked="" type="checkbox"/> OUTGOING
E-MAIL ADDRESS evan.boote@spectrumhealth.org		TELEPHONE NUMBER (616) 391-2498	

ORGANIZATION Spectrum Health Hospitals	DOCKET NUMBER(S) 03001989
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LICENSE NUMBER(S) 21-00243-06	CONTROL NUMBER(S) 588920
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SUBJECT  
Our review of your request for license dated September 17, 2015

SUMMARY

We have reviewed your request for a new license and find that we are unable to continue this action until we have received additional information outlined below. Include your response in a signed and dated cover letter. The letter can either be faxed to 630-515-1078 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.

As discussed, we expect to receive your written response on or before December 4, 2015.

**Continue on Page 2**

ACTION REQUIRED (IF ANY)

SUMMARY and ACTION REQUIRED

The NRC has received your application for a license amendment and I need additional information for the following:

- 1) Dr. Craig T. Alguire - to add him for 35.100 and 35.200, please provide a copy of his board certification and form 313A (AUD) with an appropriate preceptor.
- 2). Dr. Laura M. Franey - to add her for 35.100 and 35.300, please provide a copy of her board certification
- 3). Dr. Jamie Lynne Frost - to add her for 35.300, please provide form 313A (AUT) with an appropriate preceptor
- 4). Spectrum Health United needs to provide a cover letter with their letter head, dated and with a signature, along with form 314 requesting to terminate their license. That needs to be provided separately to me as soon as possible.

**Continue on Page 3**

NAME OF PERSON DOCUMENTING CONVERSATION  
Vered A. Shaffer, Materials Licensing Branch, Region III Office, 2443 Warrenville Road, Suite 210, Lisle, Illinois 60532

SIGNATURE