



CONVERSATION RECORD

6/12/17

NAME OF PERSON(S) CONTACTED OR IN CONTACT WITH YOU Lindsay Vella		DATE OF CONTACT 4/26/17	TYPE OF CONVERSATION <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> TELEPHONE <input type="checkbox"/> INCOMING <input type="checkbox"/> OUTGOING
E-MAIL ADDRESS		TELEPHONE NUMBER (313) 593-7301	

ORGANIZATION MidMichigan Medical Center - Alpena	DOCKET NUMBER(S) 030-02051
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LICENSE NUMBER(S) 21-04515-01	CONTROL NUMBER(S) 594366
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SUBJECT
Conversation Record

SUMMARY

On 4/28/17, reviewer informed Ms. L. Vella that the NRC does not recognize Dr. Olsons ABR certification (AU eligible above seal is missing). The reviewer informed Ms. Vella that the licensee needs to submit a new NRC 313 A AUT form indicating Dr. Olson's training and experience and the preceptor form. The licensee provided the information on May 5, 2017 (ML17125A151).

On May 31, 2017, the reviewer contacted Ms. Vella requesting to clarify Table 3 a of the 313 A (AUT) form and provide specific dates for each of the institutions that Dr. Olson attended to demonstrate his classroom and laboratory training. The licensee provided the requested information on June 1, 2017 (ML17152A414).

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ACTION REQUIRED (IF ANY)

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NAME OF PERSON DOCUMENTING CONVERSATION
Magdalena Gryglak

SIGNATURE
Magdalena Gryglak