



CONVERSATION RECORD

06/13/17

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

Damian Hazlett, M.D.

DATE OF CONTACT

06/06/2017

TYPE OF CONVERSATION

E-MAIL

TELEPHONE

INCOMING

OUTGOING

E-MAIL ADDRESS

hazletd@gmail.com

TELEPHONE NUMBER

(812) 283-3117

ORGANIZATION

Clark Memorial Hospital

DOCKET NUMBER(S)

03001658

LICENSE NUMBER(S)

13-12367-01

CONTROL NUMBER(S)

594394

SUBJECT

Additional Information Request

SUMMARY

Letter dated March 1, 2017 requested several authorized users to be added to license. Some were on current licenses and some are by board certification.

It was not clear which AUs were on current licenses and clarification was requested. For the AUs qualifying by board certification, no 313s, preceptor, or copies of board certifications were included.

Also an area of use was requested to be removed, but no survey map or additional information was included.

A follow up email was sent after the phone conversation.

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ACTION REQUIRED (IF ANY)

Provided the additional information as outlined above by June 12 2017.

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NAME OF PERSON DOCUMENTING CONVERSATION

Daniel Strohmeyer

SIGNATURE