



Region I Office
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Telephone Conversation Record

Date: June 26, 2017
 License No. 06-16624-01
 Docket No.(no hyphens): 03011353
 Mail Control/Report No. 594646
 Licensee Name: Johnson Memorial Hospital, Inc.
 Participant(s) Name/Title: Gregory Hisel, CHP, RSO
 Work Telephone No. (518) 755-7465
 Business Cellphone No.
 NRC Representative Name/Title: Robert Gallagher/Health Physicist, Medical Branch

Subject: Clarification of request to amend license.

Discussion: Mr. Hisel was contacted to clarify the request to amend License No. 06-16624-01 to add authorized users (AUs). The request states, in part, "The first four physicians listed..." however the list of proposed AUs has only two physicians on it.

I requested that Mr. Hisel review the letter and confirm what physicians are to be added to the license and which are to be removed.

Action Required: Clarification of list of AUs to be added and those to be removed.

SUNSI REVIEW		
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