



CONVERSATION RECORD

NAME OF PERSON(S)/TITLE CONTACTED OR IN CONTACT WITH YOU M. Parrott, Ph.D.		DATE OF CONTACT 03/20/2019	TYPE OF CONVERSATION	
E-MAIL ADDRESS Parrott, Michael J. <MPARROTT@CRH.org>		TELEPHONE NUMBER (812) 376-5079	<input checked="" type="checkbox"/> E-MAIL	<input type="checkbox"/> INCOMING
			<input type="checkbox"/> TELEPHONE	<input type="checkbox"/> OUTGOING
ORGANIZATION Columbus Regional Hospital		DOCKET NUMBER(S) 030-01597		
LICENSE NAME AND NUMBER(S) Columbus Regional Hospital/ 13-01631-05		MAIL CONTROL NUMBER(S) 611566		
SUBJECT Request for Additional Information				
SUMMARY AND ACTION REQUIRED (IF ANY) See attached email.				
NAME OF PERSON DOCUMENTING CONVERSATION Magdalena R. Gryglak				
SIGNATURE 			DATE OF SIGNATURE 3/20/19	

Gryglak, Magdalena

From: Gryglak, Magdalena
Sent: Wednesday, March 20, 2019 8:51 AM
To: 'Parrott, Michael J.'
Subject: Amendment request to add an AMP, NRC license no. 13-01631-05, Columbus Regional Hospital, Control No. 611566

Good morning Dr. Parrott,

I am reviewing your request to add Mr. Camrin Tipton, M.S., as an Authorized Medical Physicist to NRC license no. 13-01631-05. Please provide the following to support your request:

1. Copy of Mr. Tipton's Master's degree;
2. Copy of Ohio license no. 02110310001 (listing Mike Davis as the AMP for use of an HDR and providing the name of the current RSO); and
3. If license no. 02110310001 is a broad-scope license which does not list individual Authorized Medical Physicists, please provide a signed and dated letter from the RSO listed on license no. 02110310001 attesting that Mike Davis is an AMP listed on Ohio license no. 02110310001 for the use of the HDR since DATE.

Please acknowledge the receipt of this email.
Please let me know if you have any questions.

Thank you

Magdalena R. Gryglak
U.S. NRC Region III
630-829-9875