

13-00418-02
030-01581

VOID SHEET

TO: License Fee Management Branch
FROM: RTH -
SUBJECT: VOIDED APPLICATION

Control Number: 96558
Applicant: A Joseph Medical Center
Date Voided: 4-1-94

Reason for Void: Amendment 49 took care of licensee's request

[Signature] 4/1/94
Signature Date

Attachment:
Official Record Copy of
Voided Action

FOR LFMB USE ONLY

Final Review of VOID Completed:

- Refund Authorized and processed
- No Refund Due
- Fee Exempt or Fee Not Required

190119 Comments: _____

9404200294 940401
PDR ADOCK 03001581
C PDR

Log completed
Processed by: sc
4/18/94

ML
30 DT

BETWEEN:

LICENSE FEE MANAGEMENT BRANCH, ARM
AND
REGIONAL LICENSING SECTIONS

(FOR LFMS USE)
INFORMATION FROM LTS

PROGRAM CODE: 02120
STATUS CODE: 0
FEE CATEGORY: 7C 2B
EXP. DATE: 19960131
FEE COMMENTS: CODE 21
DECOM FIN ASSUR REQD: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
APPLICANT/LICENSEE: ST. JOSEPH MEDICAL CENTER
RECEIVED DATE: 940302
DOCKET NO: 3001581
CONTROL NO.: 396558
LICENSE NO.: 13-00418-02
ACTION TYPE: AMENDMENT

2. FEE ATTACHED
AMOUNT: _____
CHECK NO.: J

3. COMMENTS
*add info to
CN 395547*

SIGNED P. Aitloff
DATE 3-4-94

B. LICENSE FEE MANAGEMENT BRANCH (CHECK WHEN MILESTONE 03 IS ENTERED)

1. FEE CATEGORY AND AMOUNT: 7C 2B

FEE NOT REQUIRED

2. CORRECT FEE PAID, APPLICATION MAY BE PROCESSED FOR:
AMENDMENT _____
RENEWAL _____
LICENSE _____

3. OTHER _____

SIGNED SC
DATE 3/8/94

RECEIVED

MAR 14 1994

REGION III

031103-1 10 30 07



700 Broadway
 Fort Wayne, IN 46802
 (219) 425-3000

St. Joseph Medical Center

February 23, 1994

Ms. Pat Vacherlon
 U.S. Nuclear Regulatory Commission
 Region III
 Nuclear Materials Licensing Section
 799 Roosevelt Road
 Glen Ellyn, IL 60137

Re: License #13-00418-02, Control #95547

Dear Ms. Vacherlon:

As per your telephone conversation with Tom Earnest and the letter faxed to you on February 17, 1994, please find enclosed a copy of the letter dated January 7, 1994, regarding the American Board of Radiology certificate in Diagnostic Radiology for Dr. Y. W. Tanksley, M.D.

I apologize for any inconvenience caused by not receiving all the necessary information, and hope that the enclosed will allow completion of our license amendment adding Dr. Tanksley.

Sincerely,

John Colvin
 Lead Technologist, Nuclear Medicine
 JC/pl
 Enclosure

| | |
|-------------------|--------------|
| RECEIVED BY LFDGB | |
| Date | Mar. 7, 1994 |
| Log | Mar 9 III |
| By | SC |
| Date Completed | 3/8/94 |

RECEIVED

MAR 02 1994

CONTROL NO. 396558

An Affiliate of Ancilla Systems

FEE NOT REQUIRED

ADD'L INFO to CN 395547

MAR 2 1994

Lee F. Rogers, M.D., President
Chicago, Illinois
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Winston-Salem, North Carolina
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Atlanta, Georgia
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Houston, Texas
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New York, New York

The American Board of Radiology

M. Paul Capp, M.D., Executive Director

Kenneth L. Krabbenhoft, M.D., Associate Executive Director
Jerome F. Wlot, M.D., Assistant Executive Director

2301 W. BIG BEAVER ROAD SUITE 625
TROY, MICHIGAN 48064

PHONE (313) 643-0300
FAX (313) 643-0353

November 11, 1993

Thomas S. Harze, M.D.
Houston, Texas
David H. Hussey, M.D.
Iowa City, Iowa
George R. Leopold, M.D.
San Diego, California
Rodney R. Millon, M.D.
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Melvyn H. Schreiber, M.D.
Galveston, Texas
James E. Youker, M.D.
Milwaukee, Wisconsin

36313 DR 02 228
MICHAEL WAYNE TANKSLEY MD
4681 COVENTRY PARKWAY
FORT WAYNE, IN 46804

DEAR DOCTOR TANKSLEY:

I am pleased to inform you that you passed the November, 1993 oral examination, and The American Board of Radiology grants you its certificate in DIAGNOSTIC RADIOLOGY.

Return the enclosed "Request for Certificate" card to the Board office immediately. Delivery of certificates will take approximately 3-4 months.

Your name will be included in a Directory published by the American Board of Medical Specialties unless you specify otherwise in writing to the ABMS.

It is your responsibility to notify your local and state medical organizations of your certification.

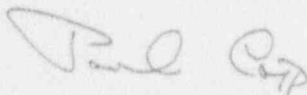
As a Diplomate of The American Board of Radiology, you may apply for certification in DIAGNOSTIC RADIOLOGY WITH SPECIAL COMPETENCE IN NUCLEAR RADIOLOGY. The following requirement must be met:

You must have twelve (12) months full-time residency training in Nuclear Radiology in an accredited department of Diagnostic Radiology or Nuclear Medicine.

If you wish to obtain this certificate and meet the requirement, you may request application forms from the Board office, and submit them by the deadline of December 15, 1993.

With personal congratulations, I am

Sincerely yours,



M. Paul Capp, M.D.

MPC:mk

CONTROL NO. 396558