

VOID SHEET

TO: License Fee Management Branch

FROM: RIII - _____

SUBJECT: VOIDED APPLICATION

Control Number: 303410

Applicant: Memorial Medical Center of West Michigan

License Number: 21-16737-01

Docket Number: 030-4565

Date Voided: 1/6/98

Reason for Void: Amendment not required. Notification only.
Refund due, since review wasn't performed.

Atul F. Webb
Signature

1/6/98
Date

Attachment:
Official Record Copy of
Voided Action

01/

FOR LFMB USE ONLY

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

Comments: _____

Log completed ☒

Processed by: SAC 1/23/98

MV30
BT



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
Exp. Date: 20010531
Fee Comments: CODE 23 FEB 18
Decom Fin Issue Req'd: N

LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED

Applicant/Licensee: MEMORIAL MEDICAL CENTER OF WEST MI
Received Date: 971215
Docket No: 3011565
Control No: 303410
License No: 21-16737-01
Action Type: Amendment

2. FEE ATTACHED

Amount: 470
Check No: 71639

3. COMMENTS

Signed
Date

D. Hersey
12-18-97

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /☒/)

1. Fee Category and Amount: 7C \$460

2. Correct Fee Paid. Application may be processed for:

Amendment ☒
Renewal ☐
License ☐

3. OTHER

Signed
Date

SC
12/22/97

Log	Dec 8 III
Remitter	
Check No	71659
Amount	\$470 (\$460) Refund \$10
Fee Category	7C
Type of Fee	Amend
Date Check Rec'd	12/23/97
Date Completed	12/23/97
By	SC

Refund \$460 1/26/98

1997 DEC 22 PM 1:47

MEMORIAL MEDICAL CENTER

Excellence Through Caring and Technology

ONE AT JOHNSON DRIVE, LUDINGTON, * MICHIGAN 49431 (616)8432591

December 9, 1997

U.S. Nuclear Regulatory Commission
Region III
801 Warrenville Rd.
Lisle, Illinois 60532-4351

Attention: Licensing Section

Dear Sir:

Please amend Byproduct Material License #21-16737-01 for the following change:

1. Add Dr. Darin Gurizzian, D.O. as an authorized user. Enclosed is a copy of his notification letter.

Enclosed is a check for the amendment fee of \$470.00.

If there are any questions please contact or physicist consultant, Ray Carlson, M.S. at:
(313)-455-4730.

Thank you,

JP Eisenberg, MD

James P. Eisenberg, M.D., RSO

303410
RECEIVED

DEC 15 1997

pm:12-97
REGION 1

142 EAST ONTARIO STREET, CHICAGO, ILLINOIS 60611 • AREA CODE 312 260-5000

*American Osteopathic Association*

BUREAU OF OSTEOPATHIC SPECIALISTS

January 28, 1997

CORRECTED LETTER
CERTIFICATE NUMBERDarin G. Gurizzian, DO
28300 Shady Lane
Farmington Hills, MI 48336

Dear Dr. Gurizzian:

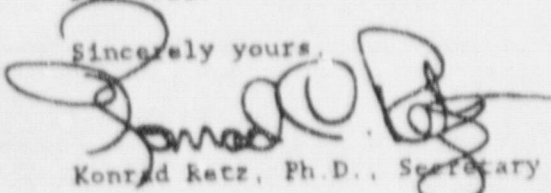
I am pleased to advise you that the Executive Committee of the Bureau of Osteopathic Specialists of the American Osteopathic Association APPROVED the recommendation of the American Osteopathic Board of Radiology to certify you as follows:

Diagnostic Radiology; certificate number 0846; effective date of certification - 11/02/1996.

Your effective date of certification coincides with the date on which you were notified by the American Osteopathic Board of Radiology of completion of all requirements for certification, and is verified by this letter. A certificate is presently being prepared by the American Osteopathic Board of Radiology. As soon as it has been lettered and signed by the appropriate officers it will be mailed to you by the secretary of the specialty board.

Congratulations on your accomplishment. If you have questions about your certification, please contact the American Osteopathic Board of Radiology at 816-265-4011.

Sincerely yours,


Konrad Retz, Ph.D., Secretary

KCR:lfg

cc: Specialty Board
Specialty College
AOA Manager, Certification

American Osteopathic
Board of RadiologyPAMELA A. SMITH
EXECUTIVE DIRECTOR

119 East Second Street • Milan, MO 63556-1331

(816) 265-4011 • (800) 258-2627 • FAX (816) 265-3494

March 14, 1996

Darir Gurizzian, D.O.
28300 Shadylane Drive
Farmington Hills, MI 48336

Dear Dr. Gurizzian

We are pleased to inform you that you have successfully passed the oral film interpretation section of the examination in Diagnostic Radiology conducted on March 12, 1996, in Hilton Head Island, South Carolina. Congratulations on this accomplishment.

To fulfill the requirements for certification, you must successfully complete your final year of training and receive AOBR approval based on annual report forms and a certificate of completion. Upon AOBR approval of program complete, the American Osteopathic Board of Radiology will transmit your credentials to the Bureau of Osteopathic Specialists of the AOA for consideration and disposition at its next scheduled meeting. The Bureau of Osteopathic Specialists is the official body of the AOA authorized to take final action on specialty board recommendations for certification.

After approval of your certification is received from the AOA, your certificate will be prepared and registered in both the AOBR Office and the AOA Central Office. You should receive your certificate within approximately ninety (90) days of AOA approval.

If you have any questions, please do not hesitate to contact me.

Sincerely

*Liisa Laakso*Liisa Laakso, D.O.
Secretary/Treasurer

LL/dp

cc Fred N. Katz, D.O., Chairman
Pamela A. Smith, Executive Director

PASSORAL/AOBREXAM

TAX ID # 381359266

Lic No 21-16737-01

Docket No 03011535

**DIVISION OF ACCOUNTING AND FINANCE
REQUEST FOR REFUND TO EMPLOYEE/VENDOR**

THE EMPLOYEE/VENDOR IDENTIFIED BELOW HAS OVERPAID THE NUCLEAR REGULATORY COMMISSION FOR GOODS AND/OR SERVICES PROVIDED AND IS DUE A REFUND

EMPLOYEE/VENDOR/PAYEE CODE: _____

NAME: Memorial Medical Center

ADDRESS: Attn: James F. Kriskberg, M.D., BS

ADDRESS: One Aiken Drive

CITY: Leighton

STATE: ME

ZIP: 49431-1999

TRANS CODE: PX

TRANS TYPE: _____ FUND: _____ JOB CODE: _____ AMOUNT: \$10⁰⁰

TRANS TYPE: IR FUND: R1435 JOB CODE: INTR AMOUNT: _____

TRANS TYPE: IR FUND: R1099 JOB CODE: ADCH AMOUNT: _____

TRANS TYPE: IR FUND: R1099 JOB CODE: FINE AMOUNT: _____

TOTAL REFUND AMOUNT: \$10⁰⁰

COMMENTS: Lic 21-16737-01/CK 71659/12/9/97 and Reg Refd

(Limit comments to 40 characters, including spaces)

PREPARED BY: Shirley L. Kirkfield DATE: Dec 23, 1997

AUTHORIZED BY: James F. Kriskberg DATE: _____

ORIGINAL INV. NO: _____ DATE PAID: _____ AMOUNT: _____

REFUND ENTERED INTO COLLECT BY: _____

REFUND DETERMINED BY: _____ DATE: _____

PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION

Dec 8 III
AMD 70 B460
CK 71659 B470 Dtd 12/11/97



UNITED STATES
NUCLEAR REGULATORY COMMISSION

REGION III
801 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351

December 19, 1997

James Eisenberg, M.D., Ph.D.
Radiation Safety Officer
Memorial Medical Center of West MI
One Atkinson Drive
Ludington, MI 49431

SUBJECT: ACKNOWLEDGEMENT OF CORRESPONDENCE
(Letter Dated December 9, 1997)

Dear Licensee:

In response to your request, we have completed the initial processing, which is an administrative review of your application for a(n):

☐ New License ☒ Amendment ☐ Renewal
☐ Termination ☐ Auth User (Amendment not required)
☐ Other _____

No administrative deficiencies were identified during this initial review. However, it should be noted that a technical review may identify omissions in the submitted information.

It appears that your request is routine (see 1-3 below, as applicable).

1. New and amendment actions are normally processed within 90 days, unless we find major deficiencies, or policy issues requiring central program office assistance.
2. Renewal actions are normally processed within 180 days, however, under timely filing (before expiration), you may continue to operate under your existing license.
3. Termination actions are normally processed within 90 days, unless confirmatory surveys following decontamination/decommissioning activities are involved.

A copy of your correspondence has been forwarded to our Licensing Fee and Debt Collection Branch (301/415-6097) for approval of the fee category and amount, if required.

If you have a compelling safety or business-related reason for requesting expedited review, please contact the Materials Licensing Branch at (630) 829-9887. We will try to complete your request as soon as practicable. Any correspondence about this request should reference the control number.

Nuclear Materials Support Branch

Mail Control No. 303410
License No. 21-16737-01

FAX TRANSMITTAL	
To:	From: Michael Weber
Fax #	Number of pages: 1

UNITED STATES
NUCLEAR REGULATORY COMMISSION
REGION III
801 WARRENVILLE ROAD
LISLE, ILLINOIS 60532-4351
630-829-9887 (phone), 630-515-1259 (fax)

CONVERSATION RECORD

TIME

8:00 am

DATE

1/6/98

NAME OF PERSON(S) CONTACTED

ORGANIZATION

TELEPHONE NO.

Ray Carlson, M.S.

Consultant for Memorial Medical Center

313-455-4730

SUBJECT

Amendment request (Control Number 303410)

SUMMARY

This is simply a notification; therefore, an amendment is not necessary. I'll void the action.

ACTION REQUIRED

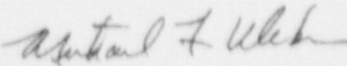
Void action.

NAME OF PERSON DOCUMENTING CONVERSATION

SIGNATURE

DATE

Michael F. Weber

|  |

1/6/98

TAX ID # 381359266

Lic No 21-16737-01

Docket No 030-11565

**DIVISION OF ACCOUNTING AND FINANCE
REQUEST FOR REFUND TO EMPLOYEE/VENDOR**

THE EMPLOYEE/VENDOR IDENTIFIED BELOW HAS OVERPAID THE NUCLEAR REGULATORY COMMISSION FOR GOODS AND/OR SERVICES PROVIDED AND IS DUE A REFUND

EMPLOYEE/VENDOR/PAYEE CODE: _____

NAME: Memorial Medical Center

ADDRESS: Attn: James P. Eisenberg, M.D. R30

ADDRESS: One Atkinson Drive

CITY: Ludington STATE: MI ZIP: 49431

TRANS CODE: PX

TRANS TYPE: _____ FUND: _____ JOB CODE: _____ AMOUNT: \$460

TRANS TYPE: IR FUND: R1435 JOB CODE: INTR AMOUNT: _____

TRANS TYPE: IR FUND: R1099 JOB CODE: ADCH AMOUNT: _____

TRANS TYPE: IR FUND: R1099 JOB CODE: FINE AMOUNT: _____

TOTAL REFUND AMOUNT: \$460

COMMENTS: Lic 21-16737-01/CK 71659/12/9/97/And Rpt Rfd

(limit comments to 40 characters, including spaces)

PREPARED BY: Shirley Crutchfield DATE: January 26, 1998

AUTHORIZED BY: Shirley Crutchfield DATE: 1/27/98

ORIGINAL INV. NO: _____ DATE PAID: _____ AMOUNT: _____

REFUND ENTERED INTO COLLECT BY: _____

REFUND DETERMINED BY: _____ DATE: _____

PLEASE ATTACH APPROPRIATE SUPPORTING DOCUMENTATION

Dec 8 III

7C \$460 CK # 71659 \$470
AND Ltd 12/11/97 Rfd #10 12/23/97