PROGRAM OF REQUIREMENTS

[NAME] HEALTH CENTER

CITY, STATE

MONTH YEAR

[REVISED MONTH YEAR]
PROGRAM OF REQUIREMENTS
INDIAN HEALTH SERVICE
[NAME] HEALTH CENTER
CITY, STATE

RECOMMEND APPROVAL:

_____________________________  __________
Area Director Name             Date
Director
[Area Name]
Indian Health Service

RECOMMEND APPROVAL:

_____________________________  __________
Diane Stewart                   Date
Director
Engineering Services – Dallas  
Office of Environmental Health and Engineering
Office of Public Health
Indian Health Service

RECOMMEND APPROVAL:

_____________________________  __________
Jose F. Cuzme, P.E.             Date
Director
Division of Facilities Planning and Engineering
Office of Environmental Health and Engineering
Indian Health Service

APPROVAL:

_____________________________  __________
Bruce R. Chelikowsky, R.S.     Date
Acting Director
Office of Environmental Health and Engineering
Indian Health Service
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