## PROGRAM OF REQUIREMENTS

[NAME] HEALTH CENTER

CITY, STATE

**MONTH YEAR** 

[REVISED MONTH YEAR]

[AREA NAME] AREA INDIAN HEALTH SERVICE INDIAN HEALTH SERVICE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

## PROGRAM OF REQUIREMENTS INDIAN HEALTH SERVICE [NAME] HEALTH CENTER CITY, STATE

RECOMMEND APPROVAL:	
Area Director Name Director [Area Name]	Date
Indian Health Service	
RECOMMEND APPROVAL:	
Diane Stewart Director Engineering Services – Dallas Office of Environmental Health and Engineering Office of Public Health Indian Health Service	Date
RECOMMEND APPROVAL:	
Jose F. Cuzme, P.E. Director Division of Facilities Planning and Engineering Office of Environmental Health and Engineering Indian Health Service	Date
APPROVAL:	
Bruce R. Chelikowsky, R.S. Acting Director Office of Environmental Health and Engineering	Date

## PROGRAM OF REQUIREMENTS INDIAN HEALTH SERVICE [NAME] HEALTH CENTER CITY, STATE

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