Region # _____ Name _____

Primary Clinic:

City _____ County _____

Mailing Address _____

City/State/Zip _____ Phone _____ Fax _____

Please explain the day/hours this clinic is open for business

_____

Please provide the following contact information for all employees at this local agency. If the employee is regularly working in a satellite clinic, please explain in the section titled Clinic/Satellite.:

Name	Phone	Email	Position/Title (i.e. Director, CPA, etc)

Clinic/Satellite _____

Name	Phone	Email	Position/Title (i.e. Director, CPA, etc)

Clinic/Satellite _____

Name	Phone	Email	Position/Title (i.e. Director, CPA, etc)

Clinic/Satellite _____

Name	Phone	Email	Position/Title (i.e. Director, CPA, etc)

Clinic/Satellite _____

Name	Phone	Email	Position/Title (i.e. Director, CPA, etc)

Clinic/Satellite _____

Name	Phone	Email	Position/Title (i.e. Director, CPA, etc)

Clinic/Satellite _____

Name	Phone	Email	Position/Title (i.e. Director, CPA, etc)

Clinic/Satellite _____

Name	Phone	Email	Position/Title (i.e. Director, CPA, etc)

Clinic/Satellite _____

Name	Phone	Email	Position/Title (i.e. Director, CPA, etc)

Clinic/Satellite _____

Please provide the following information for each satellite clinic.:

City _____ County _____ Phone _____ Primary Contact Person _____

Mailing Address _____ City/State/Zip _____ Fax _____

Days/Hours of operation _____

City _____ County _____ Phone _____ Primary Contact Person _____

Mailing Address _____ City/State/Zip _____ Fax _____

Days/Hours of operation _____

City _____ County _____ Phone _____ Primary Contact Person _____

Mailing Address _____ City/State/Zip _____ Fax _____

Days/Hours of operation _____

City _____ County _____ Phone _____ Primary Contact Person _____

Mailing Address _____ City/State/Zip _____ Fax _____

Days/Hours of operation _____

City _____ County _____ Phone _____ Primary Contact Person _____

Mailing Address _____ City/State/Zip _____ Fax _____

Days/Hours of operation _____

City _____ County _____ Phone _____ Primary Contact Person _____

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Days/Hours of operation _____

City _____ County _____ Phone _____ Primary Contact Person _____

Mailing Address _____ City/State/Zip _____ Fax _____

Days/Hours of operation _____

City _____ County _____ Phone _____ Primary Contact Person _____

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Days/Hours of operation _____