

## Employment Verification for Health & Human Services Region 6

Dr. Fowler,	
This letter is to attest to in one of the states of Health and Human Serv Oklahoma, New Mexico).	
Practice Site:	
Practice Adress:	
Thank you,	
Printed Name:	
Signature:	Date:
<authorizing officer=""> (Supervisor)</authorizing>	
Title:	
Email:	
Phone:	