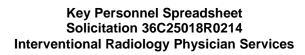
ATTACHMENT 1	
DATE:	

## Department of Veterans Affairs Dayton VA Medical Center





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STAFF PERSON NAME	MED. (M) or ADMIN. (A)	DEGREE	SPECIALTY	LICENSED/ CERTIFIED	FT/ PT	NPI#	# HRS AVAIL. PER WK	CONTRACT ROLE		
	1		1							