

Director information			
<b>Organization type:</b>			
<b>Organization name:</b>			
<i>Note: No nicknames, Not just middle initial, and Full last name</i>	<b>Full first name</b>	<b>Full middle name</b>	<b>Full last name</b>
<b>Name:</b>			
<i>Example</i>	<i>Elizabeth</i>	<i>Ann</i>	<i>Doe</i>
	<b>Month</b>	<b>Day</b>	<b>No Year Required</b>
<b>Month and day of birth:</b>			
<b>NYSDOH Health Commerce System (HCS) ID: (if one exists)</b>			
<b>Job title (needed for Director requests):</b>			
<b>Work address:</b>			
<b>Director's name (needed for Coordinator requests):</b>			
<b>Office telephone number:</b>			
<b>Office fax number:</b>			
<b>E-mail address:</b>			

Coordinator information			
<b>Organization type:</b>			
<b>Organization name:</b>			
<i>Note: No nicknames, Not just middle initial, and Full last name</i>	<b>Full first name</b>	<b>Full middle name</b>	<b>Full last name</b>
<b>Name:</b>			
<i>Example</i>	<i>Elizabeth</i>	<i>Ann</i>	<i>Doe</i>
	<b>Month</b>	<b>Day</b>	<b>No Year Required</b>
<b>Month and day of birth:</b>			
<b>NYSDOH Health Commerce System (HCS) ID: (if one exists)</b>			
<b>Job title (needed for Director requests):</b>			
<b>Work address:</b>			
<b>Director's name (needed for Coordinator requests):</b>			
<b>Office telephone number:</b>			
<b>Office fax number:</b>			
<b>E-mail address:</b>			