GOVERNMENT POC’S LETTER HEAD

DD MMM YYYY

SUBJECT:

To Whom It May Concern,

I, (Name of Government POC) the (Title) for (Organization/Agency/Department/Division) hereby grant permission for (Add Contractor Name Here), a contractor under my supervision, only to submit CE/CME Activity Applications requesting Defense Health Agency (DHA) J-7 Continuing Education Program Office (CEPO) accreditation support on my behalf.

I, (Name of Government POC), retains all authority and responsibility for the submitted activity and acknowledge that this signed letter must be uploaded on the Description Tab of the DHA J-7 CEPO CE Management System (CMS) as part of the application submission.

Permission set forth therein this document remains effective from (Add start date, DD MMM YYYY) until (Add end date, DD MMM YYYY), unless withdrawn in writing by the Responsible Government POC, as designated above.

Government POC Rank & Name

Other Required Information