

**NAVAJO AREA Indian Health Service
Facilities and Health Centers**

WORK LOCATION AVAILABILITY STATEMENT FORM
(PLEASE CHECK ONLY THE LOCATIONS WHERE YOU WILL ACCEPT EMPLOYMENT)

HOSPITALS/ HEALTH CENTERS (includes name of Nurse Recruiters/SCNs)

ARIZONA

- Chinle PHS Indian Hospital
(Ella Bia: 928-674-7608)
- Tsaile Health Center
(Kathleen Brady: 928-724-3679)
- Pinon Health Center
(Christine Stimmel: 928-725-9500)
- Ft Defiance IHS Indian Hospital
(Michael Flowers: 928-729-8737)
- Kayenta Health Center
(Betty Lee: 928-697-4088)
- Nahat'a Dziil Health Center
(Ella Bia: 928-674-7608)

NEW MEXICO

- Crownpoint IHS Indian Hospital
(Erma Marbut: 505-786-6262)
- Tohatchi Health Center
(Myra Cousens: 505-726-1549)
- Gallup PHS Indian Hospital
(Myra Cousens: 505-726-1549)
- Shiprock PHS Indian hospital
(Winifred Howard: 505-368-6666)
- Dzilth-Na-O-Dilth-Hle
(Winifred Howard: 505-368-6666)
- Four Corners Regional Health Center
(Winifred Howard: 505-368-6666)

TRIBAL HEALTH CARE FACILITIES

- Tuba City Indian Medical Center
(Steve Navarro: 928-283-2710)
- Winslow Indian Health Center
(Connie Hancock: 928-289-6213)

URBAN HEALTH CARE FACILITIE

- Family Health Center (Flagstaff, AZ)
(Carol Barth: 928-733-1245)

OTHER AREAS: Aberdeen Alaska Portland Oklahoma Bemidji
 Nashville Phoenix Billings Tucson California/Tribal

SPECIALITY: Applicant must have at least one year of professional experience.

- | | | | |
|-----------------------------------------|--------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> ER | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Case Management | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Operating Room | <input type="checkbox"/> Medical | <input type="checkbox"/> Discharge Planning | <input type="checkbox"/> Adult |
| <input type="checkbox"/> PACU | <input type="checkbox"/> Surgical | <input type="checkbox"/> Community Health Nurse | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> ICU | <input type="checkbox"/> L & D | <input type="checkbox"/> Infection Control | <input type="checkbox"/> Family |
| <input type="checkbox"/> Amb. Care | <input type="checkbox"/> Obstetrics | <input type="checkbox"/> Nurse Educator | <input type="checkbox"/> Women's Health |
| | <input type="checkbox"/> Supervisory | <input type="checkbox"/> Utilization Review | <input type="checkbox"/> Certified Nurse Midwife |

AVAILABLE DATE (Mo/Yr): _____ **Lowest Pay/Grade you will accept:** _____

- | | | | | | |
|------------------------------------|------------------------------------|-------------------------------------|---------------------------------------|---------------------------------------|---------------------------------|
| Permanent <input type="checkbox"/> | Full-Time <input type="checkbox"/> | Temporary <input type="checkbox"/> | Part-Time <input type="checkbox"/> | Intermittent <input type="checkbox"/> | Term <input type="checkbox"/> |
| | | Less 1 mo. <input type="checkbox"/> | <= 16hrs/wk <input type="checkbox"/> | As Needed <input type="checkbox"/> | 1-4yrs <input type="checkbox"/> |
| | | 1-4 mo. <input type="checkbox"/> | 17-24 hrs/wk <input type="checkbox"/> | | |
| | | 5-12 mo. <input type="checkbox"/> | 25-32 hrs/wk <input type="checkbox"/> | | |

NAME: _____ DATE: _____