DEPARTMENT OF NAVAJO VETERANS AFFAIRS

CARL T. HAYDEN VAMC, PHOENIX, ARIZONA

AUTHORIZATION FOR SERVICE

The Traditional Practitioner named below is authorized by Carl T. Hayden VAMC, Phoenix, Arizona to perform the following approved TRADITIONAL CEREMONY for the Navajo Veteran. This authorization is for fee reimbursement to the Department of Navajo Veterans Affairs.

1. Name of Veteran: _____
(please print)

Veteran's Social Security No.: _____
Address: _____
_____

VA Medical Center where you receive care: (i.e., Albuquerque, Phoenix, Prescott) _____

2. Name of Traditional Practitioner: _____
(please print)

Traditional Practitioner's Social Security No.: _____
Address: _____
_____

3. Type of Traditional Ceremony performed: (circle below)

Name of Ceremonies:

1. ☐ Enemy Way
2. ☐ Flint Way
3. ☐ Protection Way
4. ☐ Smoke Way
5. ☐ Blessing Way
6. ☐ Night Way
7. ☐ Shooting Way
8. ☐ Evil Way
9. ☐ Monster Way
10. ☐ Life Way

4. Date Service Performed:_____
Month/Day/Year

CERTIFICATION

I certify the Traditional Ceremony indicated above was performed as authorized by the Carl T. Hayden VAMC, Phoenix, Arizona.

Traditional Practitioner: _____ _____
Signature Date

DNVA Certification: _____ _____
Signature Date