OFFICE of ADMINISTRATION

AUTHORIZED SIGNATURES

DEPARTMENT OF HEALTH AND SENIOR SERVICES

	LAST NAME	FIRST NAME, MI	NOTES	STREET ADDRESS	CITY, STATE ZIP	EMAIL ADDRESS	OFFICE PHONE NO
SA	Reynolds	John	Statewide	920 Wildwood, PO Box 570	Jefferson City, MO 65102	john.reynolds@health.mo.gov	573-522-3472
SA	Dormire	Rhonda	Statewide	920 Wildwood, PO Box 570	Jefferson City, MO 65102	rhonda.dormire@health.mo.gov	573-751-6395
SA	Ochsner	Debra	Statewide	920 Wildwood, PO Box 570	Jefferson City, MO 65102	debra.ochsner@health.mo.gov	573-751-6040
SA	Petet	Gwen	Statewide	912 Wildwood, PO Box 570	Jefferson City, MO 65102	gwen.petet@health.mo.gov	573-751-6479
SA	Kolb	Kevin	Statewide	920 Wildwood	Jefferson, City, MO	kevin.kolb@health.mo.gov	573-751-6036
AA	Fischer	Bret	Statewide	912 Wildwood, PO Box 570	Jefferson City, MO 65102	bret.fischer@health.mo.gov	573-526-6700
AA	Beck	Carrie	Statewide	912 Wildwood, PO Box 570	Jefferson City, MO	carrie.haley@health.mo.gov	573-751-6059

*SA = SIGNATURE AUTHORITY

AA = APPOINTING AUTHORITY

POC = POINT OF CONTACT