

REVIEWER NAME & DATE

DHA, J-7, CEPO PAO Review Routing Form

Please send this completed PDF along with the documents requiring review to DHA PAO POCs Tim Clarke (timothy.e.clarke12.civ@mail.mil) and Terry Goodman (terry.j.goodman2.civ@mail.mil). **REQUEST DATE** SUSPENSE DATE **DHA J-7 CEPO POC** NAME PHONE **EMAIL EVENT TITLE** ■ PowerPoint PRODUCT TYPE □ Flyer □ CE Monthly Newsletter ■ Other (please describe to the right) **BRIEF DESCRIPTION** Academia **TARGET AUDIENCE(S)** ☐ Internal DoD □ External DoD ■ Senior Government Leaders ■ Service members/ ■ Health Care Providers Family members ☐ Other (please describe below) □ Community Organizations or Partners ■ GovDelivery ■ DHHQ Electronic Boards DISSEMINATION CHANNEL(S) ■ Laptop Screensavers □ DHA SharePoint ■ Other (please describe below) □ CE Management System **ADDITIONAL COMMENTS** (please provide additional details for any item that you selected "Other" from above) NAME **LEADERSHIP APPROVAL** (Government) DATE **EDITORS BOX** ☐ Content Review/Edit Complete ☐ 508 Compliance Review Complete (for DHA PAO only) ☐ Graphics Review Complete