



ACCREDITATION ASSOCIATION  
*for* AMBULATORY HEALTH CARE, INC.

*grants this*

# CERTIFICATE OF ACCREDITATION

*to*

## CONFEDERATED TRIBES OF SILETZ INDIANS SILETZ COMMUNITY HEALTH CLINIC

200 GWEE-SHUT RD Po Box 320  
SILETZ, OREGON 97380

*In recognition of satisfying accreditation requirements and demonstrating its commitment to high quality care and patient safety for Ambulatory Accreditation.*

**0000175750**

*Organization Identification Number*

A handwritten signature in black ink, appearing to read "Joy Himmel".

Joy Himmel, PsyD, LCPC, NCC  
Board Chair



**02/27/2028**

*The Award of Certification expires on the above date*

A handwritten signature in black ink, appearing to read "Noel M. Adachi".

Noel M. Adachi  
President & CEO