STUDENT ­      CLASS #­­­      ADVISOR       ­STATUS:

CRED COORD  CB DATE       END DATE

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| **CLINICAL SITE AND PRECEPTOR INFORMATION #1** | | |
| Facility:  Address:  Phone: | | |
| ***Credentialing Completion Date:*** | | |
| PCSV  Yes  No  PCSV Date: |  | |
| ***Preceptor Name with Credentials*** | ***Phone Number*** | ***Email Address*** |
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| ***Notes*** | | |
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| **CLINICAL SITE AND PRECEPTOR INFORMATION #2** | | |
| Facility:  Address:  Phone: | | |
| ***Credentialing Completion Date:*** | | |
| PCSV  Yes  No  PCSV Date: |  | |
| ***Preceptor Name with Credentials*** | ***Phone Number*** | ***Email Address*** |
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| ***Notes*** | | |
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| **CLINICAL SITE AND PRECEPTOR INFORMATION #3** | | |
| Facility:  Address:  Phone: | | |
| ***Credentialing Completion Date:*** | | |
| PCSV  Yes  No  PCSV Date: |  | |
| ***Preceptor Name with Credentials*** | ***Phone Number*** | ***Email Address*** |
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| ***Notes*** | | |
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| **CLINICAL SITE AND PRECEPTOR INFORMATION #4** | | |
| Facility:  Address:  Phone: | | |
| ***Credentialing Completion Date:*** | | |
| PCSV  Yes  No  PCSV Date: |  | |
| ***Preceptor Name with Credentials*** | ***Phone Number*** | ***Email Address*** |
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| ***Notes*** | | |
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**Clinical Hours (Total = 675)**

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| *DATE* | *HOURS* |  | *DATE* | *HOURS* |  | *DATE* | *HOURS* |  | *DATE* | *HOURS* |  | *DATE* | *HOURS* |
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**EXAM REQUIREMENTS**

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| *Exam Type* |  | *Date / Accumulated Total* |
| Preconception | 10 |  |
| New Antepartum | 30 |  |
| Return Antepartum | 140 |  |
| Labor Management | 40 |  |
| Births | 40 |  |
| Newborn Assessments | 40 |  |
| Non Post Partum GYN | 35 |  |
| Peri/Post Menopausal Women | 15 |  |
| Breastfeeding Support | 20 |  |
| Postpartum (2 hrs to 14 days) | 40 |  |
| Postpartum (2-8 weeks) | 30 |  |
| Common Health Problems | 40 |  |
| Family Planning | 30 50 |  |

**SOAP/Note REQUIREMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| *SOAPs* | *#* | *Date/DX* | *Date/DX* |
| New OB | 2 |  |  |
| GYN | 2 |  |  |
| Labor Admission | 2 |  |  |
| Labor Progress/Delivery | 2 |  |  |
| Return OB | 2 |  |  |
| Post Partum | 2 |  |  |
| Newborn SOAP with Maternal History | 1 |  |  |
| Newborn Exams | 9 | (completion dates) |  |
| Continuity Clients | 5 | (completion dates) |  |
| **Antepartum Assignment** |  |  |  |
| **Postpartum Assignment (<643)** |  |  |  |
| **Intrapartum Assignment** |  |  |  |
| **GYN** |  |  |  |

**COI REFLECTIONS**  **641**  **644**

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| **SELF EVALUATIONS DDATs** | | | | | | |
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| COURSE | GRADE | DATE POSTED |
| NM 641 |  |  |
| NM642 |  |  |
| NM 643 |  |  |
| NM 644 |  |  |
| NM 645 |  |  |
|  |  |  |
| COURSE | COMPLETE | TERM |
| NM 630 |  |  |
| NM638 |  |  |

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| **Preceptor:** |  |  |  |  |  |  |  |  |  |
| **Hours:** |  |  |  |  |  |  |  |  |  |
| **Payment Form Sent:** |  |  |  |  |  |  |  |  |  |

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| ***END OF CLINICAL INFORMATION*** | |
| **Site Visit Date** |  |
| **Case Presentation** |  |
| **End of Clinical Instructions Sent** |  |
| **Financial Aid / Accounting** |  |
| **Evaluations of Sites / RCF Complete** |  |
| **Review of Transcripts** |  |
| **End of Clinical Email Sent** |  |

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| Clinical Communication Log | | | | | | |
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| Date | Hours | DDAT | Self Eval | MDAT | Contact Preceptor (notes) | Contact Student  (notes) |
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