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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