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* |
| New Antepartum | 30 |  |
| Return Antepartum | 120 |  |
| Non Post Partum GYN | 300 |  |
| Peri/Post Menopausal Women | 25 |  |
| Postpartum (<8 weeks) | 25 |  |
| Primary Care | 100 |  |

***WHNP SOAP Requirements***

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| --- | --- | --- | --- |
| *SOAPs* | *#* | *Date/DX* | *Date/DX* |
| New OB | 2 |  |  |
| GYN (annual) | 2 |  |  |
| GYN (problem) | 2 |  |  |
| Primary Care | 2 |  |  |
| Return OB | 2 |  |  |
| Post Partum | 2 |  |  |
| **GYN Assignment (contraception)** |  |  |  |
| **GYN Assignment (AUB)** |  |  |  |
| **GYN Assignment (STIs)** |  |  |  |

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

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| **SELF EVALUATIONS** | | |  | **DDATs** | | |
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| COURSE | GRADE | DATE POSTED |
| WH 641 |  |  |
| WH642 |  |  |
| WH 643 |  |  |
| WH 644 |  |  |
| WH 645 |  |  |
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| COURSE | COMPLETE | TERM |
| WH 630 |  |  |
| NP636 |  |  |
| NP637 |  |  |

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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** |  |

Clinical Communication Log

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