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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**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***

|  |  |  |  |
| --- | --- | --- | --- |
|  *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 |  |  |
|   |   |   |
| 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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