

# Documentation of Acquisition of Clinical Knowledge and Skills

## For Transitional Apprentices Only:

### Instructions for the Documentation of Clinical Experiences

All apprentices must have a Preceptor-Apprentice agreement on file with ADH for each preceptor under whom the apprentice trains. These preceptors are responsible for the training of the apprentice and for the required clinical experiences. Other midwives licensed in the state of Arkansas may sign for some of the clinical experiences.

The dates from the first assist to the final primary birth should encompass at least one year.

Preceptors are expected to sign the documentation forms at the time the skill is performed competently. Determination of “adequate performance” of the skill is at the discretion of the preceptor, and multiple demonstrations of each skill may be necessary. Documentation of attendance and performance at births, prenatals, postpartums, etc., should be signed only if mutually agreed that expectations have been met. Any misunderstanding regarding expectations for satisfactory completion of experience or skills should be discussed and resolved as soon as possible.

The preceptor is expected to provide adequate opportunities for the apprentice to observe clinical skills, to discuss clinical situations away from the clients, to practice clinical skills, and to perform the clinical skills in the capacity of a primary midwife, all while under the direct supervision of the preceptor. This means that the preceptor should be physically present when the apprentice performs the primary midwife skills. The preceptor holds final responsibility for the safety of the client or baby, and should become involved, whenever warranted, in the spirit of positive education and role modeling.

Twenty (20) of the 75 prenatal exams are required to be initial exams and include the midwife’s prenatal exam, initial interview and history (Appendix B, #9.c.).

Births as an Active Participant are births where the apprentice is being taught to perform the skills of a midwife. Charting, other skills, providing labor support, and participating in management discussions may all be done in Active Participant births in increasing degrees of responsibility. Catching the baby should be a skill that is taught towards the end of the active participant period, but not counted as a supervised primary. The apprentice does not have to perform all skills at every birth in this category, but should be present throughout labor and birth and should perform at least some skills at every birth. The apprentice should complete most of the active participant births before functioning as Primary Midwife under supervision.

Births as Primary Midwife under supervision means that the apprentice demonstrates the ability to perform all aspects of midwifery care to the satisfaction of the preceptor, who is physically present and supervising the apprentice’s performance of skills and decision making. Some skills at these births may be performed by the preceptor or other midwives/apprentices, but the catching of the baby, most skills, and labor management should be performed by the apprentice who is claiming the birth as a primary birth under supervision.

\*\*It is recommended that the apprentice make blank copies of all forms in the Application in the event that more space is needed for documentation of clinical experience, or when more preceptors are involved.

# Documentation of Acquisition of Clinical Knowledge and Skills

## Clinical Experience Documentation for Births as an Active Participant

\*see Preceptor-Apprentice Documentation Information prior to signing this form

Name of Apprentice \_\_\_\_\_

Client Initials	Assist at Initial Midwife Exam	Number of Additional Prenatals	Assist at Birth	Date of birth	Place of birth	Assist Newborn Exam	Number of Postpartum Exams	Supervising Midwife's Signature
Example	Yes	4	Yes	1/3/06	home	Yes	2	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
Minimum required			20					
Your numbers								

There are no minimum numbers for any clinicals except assisting at birth, however, it is expected that the supervising midwife will provide training both outside of and during the performance of these other clinicals. The apprentice should provide the number of clinical experiences at which she assisted for each client listed. More than twenty spaces are provided in case some clinicals are performed on clients for which the apprentice does not attend the birth. Put a "yes" or "no" in columns unless a number, date, or other information is required. Do not leave spaces blank. Place of birth: indicate home, birth center, or hospital. Transports may count as an assist if the apprentice assisted during labor at home or birth center prior to transport.

There may be a period of training where the apprentice observes but does not perform assistant activities at clinical experiences. Observations should not be documented as assists.

# Documentation of Acquisition of Clinical Knowledge and Skills

## Clinical Experience Documentation for Births as Primary Midwife

\*see Preceptor-Apprentice Documentation Information prior to signing this form

Name of Apprentice \_\_\_\_\_

Client Initials	Perform Initial Midwife Exam	Number of Additional Prenatals	Manage Labor and Birth	Date of birth	Place of birth	Perform Newborn Exam	Number of Postpartum Exams	Supervising Midwife's Signature
Example	Yes	8	Yes	1/3/06	home	Yes	2	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
Minimum required	20	55	20			20	40	
Your numbers								

The apprentice should provide the number of clinical experiences at which she assisted for each client listed. More than twenty spaces are provided in case some clinicals are performed on clients for which the apprentice does not attend the birth. Put a "yes" or "no" in columns unless a number, date, or other information is required. Do not leave spaces blank. For at least three clients, the apprentice should have provided a minimum of 4 prenatal, birth, newborn, and 2 postpartum exams. Place of birth code: please indicate home, birth center, or hospital. **Transports to the hospital may not count toward the 20 required primary births, but may be documented for prenatal exams, etc.**

# Documentation of Acquisition of Clinical Knowledge and Skills

Apprentice's name \_\_\_\_\_

The following skills must be documented by a qualified preceptor as being competently performed by the apprentice. **Performance of the skills includes a demonstration and/or verbal discussion of the knowledge implied by the performance of the skill. Please indicate "by discussion" if skill is not performed.**

The preceptor should **date and initial** each line of any skill she is verifying. More than one preceptor may sign in order to complete the form. All preceptors who sign should also be listed on the Preceptor Verification Form.

## General Skills

Demonstrates use of universal health precautions relevant to midwifery care \_\_\_\_\_

Demonstrates appropriate application of aseptic and sterile technique \_\_\_\_\_

Demonstrates thorough and accurate documentation of care \_\_\_\_\_

## Pharmacology

Demonstrates knowledge of the benefits and risks of the following and refers for prescription and administration when indicated:

Rh Immune Globulin (RhoGam) for an Rh negative mother \_\_\_\_\_

Vitamin K & erythromycin for the newborn \_\_\_\_\_

Pitocin \_\_\_\_\_

Safe use, care, and transport of oxygen \_\_\_\_\_

Prophylaxis for Group B Strep \_\_\_\_\_

Postpartum Rubella immunization when non-immune \_\_\_\_\_

## Antepartum

### **Assessment Skills:**

Basic health history/OB and gynecological history/family history \_\_\_\_\_

Obtains diet history and provides nutritional education \_\_\_\_\_

Obtains interval updates of medical history \_\_\_\_\_

Evaluates general appearance \_\_\_\_\_

Obtains weight and height \_\_\_\_\_

Assesses maternal weight gain \_\_\_\_\_

Vital signs: temp, pulse, respirations, blood pressure \_\_\_\_\_

Urine testing for glucose, protein and nitrites \_\_\_\_\_

Examination of the skin for color and appearance \_\_\_\_\_

Examination of the pupils, whites and conjunctiva of the eyes \_\_\_\_\_

Examination of the thyroid gland for enlargement \_\_\_\_\_

Examination of lymph glands of the neck and underarm for enlargement \_\_\_\_\_

Auscultates heart for rate and rhythm \_\_\_\_\_

Auscultates lungs for abnormal breath sounds \_\_\_\_\_

Percusses the costovertebral angle for pain \_\_\_\_\_

Speculum examination of the vagina for color, discharge, leakage of fluid \_\_\_\_\_

Identifies position, presentation, lie of fetus (Leopold's maneuvers) \_\_\_\_\_

Assessment of Fetal Heart Rate auscultated by fetascope or doppler \_\_\_\_\_

Identifies pelvic landmarks, assesses pelvis \_\_\_\_\_

Measurement of fundal height \_\_\_\_\_

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Estimates fetal size \_\_\_\_\_  
Lower extremities for varicosities \_\_\_\_\_  
Edema of face legs and hands \_\_\_\_\_  
Determines estimated due date \_\_\_\_\_  
Assesses well-being \_\_\_\_\_

## Intervention Skills:

Evaluates knowledge of self- breast exam techniques \_\_\_\_\_  
Instruction of clean catch urine specimen \_\_\_\_\_  
Recognizes the indications for genetic counseling and refers as appropriate \_\_\_\_\_  
Understands and applies knowledge of good eating practices \_\_\_\_\_  
Evaluates and makes recommendations for discomforts of pregnancy \_\_\_\_\_  
Demonstrates knowledge and application of ADA Clinical Practice Recommendations for gestational diabetic screening and diagnosis \_\_\_\_\_  
Demonstrates knowledge of normal and abnormal of required prenatal screening tests \_\_\_\_\_  
Completes pre-delivery home visit \_\_\_\_\_  
Educates regarding home birth supplies \_\_\_\_\_

## Identifies and takes appropriate action including consultation, referral, or immediate transport when indicated and according to LMW Protocols in the following Prenatal situations:

Suspected abnormality on physical examination \_\_\_\_\_  
Size/Date discrepancy \_\_\_\_\_  
Elevated Blood Pressure Readings \_\_\_\_\_  
Abnormal Kick Count \_\_\_\_\_  
Abnormal weight gain or loss \_\_\_\_\_  
Abnormal Prenatal screening tests \_\_\_\_\_  
Symptoms of urinary tract infections \_\_\_\_\_  
Hyperemesis \_\_\_\_\_  
Abnormal Fetal Heart Rate Patterns \_\_\_\_\_  
Absence of Fetal Heart Rate \_\_\_\_\_  
Position other than vertex presentation \_\_\_\_\_  
Preterm labor \_\_\_\_\_  
Symptoms of Ectopic (Tubal )pregnancy \_\_\_\_\_  
Abnormal vaginal bleeding \_\_\_\_\_  
Prolonged or Premature rupture of membranes \_\_\_\_\_  
Post term pregnancy \_\_\_\_\_

## Labor and Birth

### Assessment Skills:

Takes history relevant to labor \_\_\_\_\_  
Assesses effacement and dilation of cervix \_\_\_\_\_  
Assesses station of presenting part \_\_\_\_\_  
Assesses fetal lie, position, and descent \_\_\_\_\_  
Assesses uterine contractions for frequency, duration, and intensity \_\_\_\_\_  
At required intervals, monitors and assesses fetal heart rate during and between contractions \_\_\_\_\_  
Assesses food and fluid intake and output \_\_\_\_\_

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Assesses maternal well-being and responds appropriately:

Vital signs \_\_\_\_\_  
Emotional well being \_\_\_\_\_  
Assesses labor progress \_\_\_\_\_

## **Intervention Skills:**

Demonstrates basic labor support skills and comfort measures \_\_\_\_\_  
Uses maternal position changes to facilitate labor \_\_\_\_\_  
Demonstrates perineal support and hand techniques for delivery \_\_\_\_\_  
Demonstrates proficiency in assisting normal, spontaneous vaginal birth \_\_\_\_\_  
Supports father and other family members \_\_\_\_\_  
Organizes birth equipment \_\_\_\_\_  
Follows sterile technique \_\_\_\_\_

## **Identifies and takes appropriate action including consultation, referral or immediate transport when indicated and according to LMW Protocols in the following Intrapartum situations:**

Abnormal fetal heart rates/patterns \_\_\_\_\_  
Prolapsed cord \_\_\_\_\_  
Breech presentation and birth \_\_\_\_\_  
Face presentation and birth \_\_\_\_\_  
Multiple birth \_\_\_\_\_  
Shoulder dystocia \_\_\_\_\_  
Abnormal bleeding \_\_\_\_\_  
Nuchal hand, arm, or cord \_\_\_\_\_  
Edematous cervical lip \_\_\_\_\_  
Rupture of membranes \_\_\_\_\_  
Meconium stained fluids \_\_\_\_\_  
Abnormal changes in vital signs (maternal) \_\_\_\_\_  
Maternal dehydration and/or exhaustion \_\_\_\_\_  
Prolonged labor in:  
    Primagravida \_\_\_\_\_  
    Multigravida \_\_\_\_\_  
Abnormal progress of labor \_\_\_\_\_  
Symptoms of Pre-eclampsia \_\_\_\_\_  
Suspected fetal death \_\_\_\_\_

## **Postpartum Period**

### **Assessment Skills**

Determines signs of placental separation \_\_\_\_\_  
Assesses placenta for size, structure, completeness, cord insertion, and number of vessels, and color \_\_\_\_\_  
Assesses uterus from birth throughout the immediate postpartum period for height, size, consistency, and retained clots \_\_\_\_\_  
Identifies bladder distention and consults or refers if indicated \_\_\_\_\_  
Assesses and estimates blood loss \_\_\_\_\_  
Assesses lochia: amount, odor, consistency, color \_\_\_\_\_  
Recognizes postpartum hemorrhage \_\_\_\_\_  
Recognizes symptoms of shock \_\_\_\_\_  
Assesses perineum and cervix for lacerations \_\_\_\_\_

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Identifies potential perineal infection or suture breakdown \_\_\_\_\_  
Identifies abnormal uterine size after delivery of placenta \_\_\_\_\_  
Identifies signs of uterine infection \_\_\_\_\_  
Identifies need for Family Planning counseling and refers as indicated \_\_\_\_\_

## **Intervention Skills:**

Appropriately assists with placental delivery \_\_\_\_\_  
Demonstrates competency in repair of 1<sup>st</sup> and 2<sup>nd</sup> degree perineal lacerations \_\_\_\_\_  
Demonstrates plan for referral for extensive lacerations \_\_\_\_\_  
Takes appropriate action for postpartum hemorrhage (fundal massage, bimanual compression, expression of clots, activating emergency transport plan) \_\_\_\_\_  
\_\_\_\_\_  
Demonstrates correct maternal positioning for treatment of shock and activates emergency transport plan \_\_\_\_\_  
Instructs the mother on postpartum conditions requiring medical evaluation (i.e. excessive bleeding, increasing pain, severe headaches or dizziness or inability to void) \_\_\_\_\_  
\_\_\_\_\_  
Develops guidelines for emergency transport of mother or baby \_\_\_\_\_  
Performs maternal exam at 12-24 hours \_\_\_\_\_  
Performs Postpartum evaluation at 2-6 weeks \_\_\_\_\_

## **Identifies and takes appropriate action including consultation, referral or immediate transport when indicated and according to LMW Protocols in the following Postpartum situations:**

Abnormal uterine involution \_\_\_\_\_  
Maternal fever \_\_\_\_\_  
Signs of uterine infection \_\_\_\_\_  
Signs of breast infection \_\_\_\_\_  
Hemorrhage \_\_\_\_\_  
Third and fourth degree lacerations \_\_\_\_\_  
Signs and symptoms of shock \_\_\_\_\_  
Activates emergency transport plan \_\_\_\_\_

## **Newborn Care**

### **Assessment Skills:**

Recognizes signs and symptoms of respiratory distress, possible infection, seizures or jaundice in newborns \_\_\_\_\_  
Determines APGAR scores at one and five minutes \_\_\_\_\_

### **Performs newborn assessment and evaluation to minimally include:**

General appearance \_\_\_\_\_  
Alertness \_\_\_\_\_  
Flexion of extremities and muscle tone \_\_\_\_\_  
Sucking \_\_\_\_\_  
Palate: visualization and palpation \_\_\_\_\_  
Skin color, lesions, birthmarks, vernix, lanugo, and peeling \_\_\_\_\_  
Measurements of length, head and chest circumference \_\_\_\_\_  
Weight \_\_\_\_\_  
Head: molding, fontanelles, hematoma, caput, sutures \_\_\_\_\_  
Eyes: jaundice of whites, pupils, tracking, spacing \_\_\_\_\_

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Ears: positioning, responds to sound, appear patent \_\_\_\_\_  
Observe chest for symmetry \_\_\_\_\_  
Listen to and count heart rate and respirations \_\_\_\_\_  
Fingers and toes, normal structure and appearance, creases, prints \_\_\_\_\_  
Genitalia: normal appearance, testicle descent in males \_\_\_\_\_  
Takes and records temperature \_\_\_\_\_  
Takes and records femoral pulse \_\_\_\_\_  
Assesses baby for jaundice \_\_\_\_\_  
Gestational age assessment and refers for less than 36 weeks gestation \_\_\_\_\_  
Performs newborn exam at 24-48 hours \_\_\_\_\_

## **Intervention Skills:**

Assures that the baby's airway is clear, uses suction when indicated \_\_\_\_\_  
Promotes temperature regulation of newborn \_\_\_\_\_  
Supports the establishment of emotional bonds among the baby, mother, and family \_\_\_\_\_  
Cuts, clamps, and cares for cord \_\_\_\_\_  
Collects cord blood when indicated \_\_\_\_\_  
Documents administration of eye prophylaxis \_\_\_\_\_  
Performs or refers for the state required Newborn Screening test \_\_\_\_\_  
Completes Infant Hearing Loss Screening Form \_\_\_\_\_  
Educates mother/parents regarding cord care \_\_\_\_\_  
Assists mother in establishing breastfeeding \_\_\_\_\_  
Provides breastfeeding instruction information \_\_\_\_\_  
Instructs mother in normal and abnormal feeding patterns \_\_\_\_\_  
Assists with breastfeeding positioning and milk expression \_\_\_\_\_

## **Identifies and takes appropriate action including consultation ,referral or immediate transport when indicated and according to LMW Protocols in the following Newborn situations:**

Apgar score of less than 5 at one minute or 7 at 5 minutes \_\_\_\_\_  
Jaundice at 0-24 hours \_\_\_\_\_  
Meconium staining on the skin \_\_\_\_\_  
Abnormal heart rate \_\_\_\_\_  
Birth weight less than 5 lbs or greater than 10 lbs \_\_\_\_\_  
Abnormal voiding or stool pattern \_\_\_\_\_  
Temperature over 100 or less than 97.7 \_\_\_\_\_  
Abnormal cry \_\_\_\_\_  
Abnormal feeding patterns (vomiting, poor suck, lethargy) \_\_\_\_\_  
Jaundice at 24-48 hours \_\_\_\_\_  
Abnormal respiratory pattern (tachypnea or apnea) \_\_\_\_\_  
Signs of bleeding (i.e. petechia, bruises) \_\_\_\_\_  
Rupture of membranes more than 24 hours before birth \_\_\_\_\_

## **Education and Counseling Skills**

### **Interaction, Support and Counseling Skills:**

Understands and applies principles of informed choice \_\_\_\_\_  
Exhibits communication skills with women, peers, other health care providers \_\_\_\_\_

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Functions as women's advocate during pregnancy, birth, and postpartum period \_\_\_\_\_  
Assesses maternal support system \_\_\_\_\_  
Consults with other health care professionals regarding problems \_\_\_\_\_

## **Basic Prenatal Education**

Understands and can demonstrate knowledge of:

Emotional and physical changes during pregnancy and postpartum \_\_\_\_\_  
Signs of labor \_\_\_\_\_  
Fetal development \_\_\_\_\_  
Preparing home and family members for birth, as is culturally relevant \_\_\_\_\_  
Preparation for breastfeeding \_\_\_\_\_  
Effects of smoking, drugs, and alcohol consumption \_\_\_\_\_  
Signs and symptoms that necessitate an immediate call to the midwife \_\_\_\_\_  
Preparation for the postpartum period \_\_\_\_\_  
Exploration of fears, concerns, and psycho-social status with family, as appropriate \_\_\_\_\_  
Benefits of exercise \_\_\_\_\_  
Sexuality education appropriate to pregnancy and postpartum \_\_\_\_\_  
Information about required prenatal tests and lab work \_\_\_\_\_  
Circumcision information, as culturally appropriate \_\_\_\_\_  
Information regarding eye prophylaxis \_\_\_\_\_  
Information regarding vitamin K \_\_\_\_\_  
Information regarding the LLM Newborn Care Kit provided by ADH \_\_\_\_\_  
Information regarding the state required PKU for newborn screening \_\_\_\_\_  
Information regarding the Newborn Screening test \_\_\_\_\_  
Information regarding Screening for Infant Hearing Loss \_\_\_\_\_

## **Record Keeping and Forms**

Demonstrates knowledge on completion of the Birth Certificate \_\_\_\_\_  
Demonstrate knowledge on completion of the Acknowledgement of Paternity Affidavit \_\_\_\_\_  
Demonstrate knowledge of LLM Caseload and Birth Log and ADH submission requirements \_\_\_\_\_  
Demonstrate knowledge of Incident Report and ADH submission requirements \_\_\_\_\_  
Understand components of Emergency Back-up Plans \_\_\_\_\_  
Understand components of LLM Disclosure Form \_\_\_\_\_  
Understand the LLM record keeping requirements \_\_\_\_\_  
Understand the ADH record audit requirements \_\_\_\_\_  
Understand requirements for CLIA certification to perform laboratory tests \_\_\_\_\_

# Documentation of Acquisition of Clinical Knowledge and Skills

By signing this form for the Documentation of Acquisition of Clinical Knowledge and Skills, I recognize that I have completed the orientation process for each of the skills listed. I have demonstrated knowledge, understanding and competency in the skills and procedures as verified thru demonstration or discussion by my supervising preceptor(s). I have demonstrated knowledge of and adherence to the Rules and Regulations Governing the Practice of Licensed Lay Midwifery in Arkansas.

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
date

**\*Notarize here if you are an Apprentice applying for the Lay Midwife License**

**Notary seal for verification of preceptor's signature:**

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
date signed

\_\_\_\_\_  
date of expiration

# Documentation of Acquisition of Clinical Knowledge and Skills

## Preceptor Verification Form for LLM Application

All apprentices must have a Preceptor-Apprentice agreement on file with the Department of Health for each preceptor under whom they train. Preceptors are responsible for the training of the apprentice and for the majority of the required clinical experiences. Other midwives licensed in the state of Arkansas may sign for some of the clinical experiences and skills. If any preceptor not licensed in the state of Arkansas is also a signer of any clinical experiences or skills, that preceptor must have a Preceptor-Apprentice Agreement on file with ADH. The following information must be filled out for any preceptor who signs any portion of the Application as documentation of clinical experiences or skills. Preceptors must be licensed in a state as a licensed midwife or CNM, or must have the credential Certified Professional Midwife (CPM). Number of births listed below means the number supervised for THIS APPRENTICE, not the total experience of the supervising midwife. Fill out all lines for documentation of clinical experiences, indicating zero if none supervised, before signing.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Licensed in which state? \_\_\_\_\_ License number \_\_\_\_\_  
CPM:  Yes  No CPM # \_\_\_\_\_ date of expiration \_\_\_\_\_  
Dates of supervision \_\_\_\_\_ to \_\_\_\_\_  
Number of births supervised as assistant \_\_\_\_\_ number primary \_\_\_\_\_  
Number PRIMARY: initials \_\_\_\_\_, prenatals \_\_\_\_\_, newborns \_\_\_\_\_, postpartums \_\_\_\_\_  
Signature of Preceptor \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Licensed in which state? \_\_\_\_\_ License number \_\_\_\_\_  
CPM? \_\_\_\_\_ CPM # \_\_\_\_\_ date of expiration \_\_\_\_\_  
Dates of supervision \_\_\_\_\_ to \_\_\_\_\_  
Number of births supervised as assistant \_\_\_\_\_ number primary \_\_\_\_\_  
Number PRIMARY: initials \_\_\_\_\_, prenatals \_\_\_\_\_, newborns \_\_\_\_\_, postpartums \_\_\_\_\_  
Signature of Preceptor \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Licensed in which state? \_\_\_\_\_ License number \_\_\_\_\_  
CPM? \_\_\_\_\_ CPM # \_\_\_\_\_ date of expiration \_\_\_\_\_  
Dates of supervision \_\_\_\_\_ to \_\_\_\_\_  
Number of births supervised as assistant \_\_\_\_\_ number primary \_\_\_\_\_  
Number PRIMARY: initials \_\_\_\_\_, prenatals \_\_\_\_\_, newborns \_\_\_\_\_, postpartums \_\_\_\_\_  
Signature of Preceptor \_\_\_\_\_

# Documentation of Acquisition of Clinical Knowledge and Skills

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Licensed in which state? \_\_\_\_\_ License number \_\_\_\_\_  
CPM? \_\_\_\_\_ CPM # \_\_\_\_\_ date of expiration \_\_\_\_\_  
Dates of supervision \_\_\_\_\_ to \_\_\_\_\_  
Number of births supervised as assistant \_\_\_\_\_ number primary \_\_\_\_\_  
Number PRIMARY: initials \_\_\_\_\_, prenatals \_\_\_\_\_, newborns \_\_\_\_\_, postpartums \_\_\_\_\_  
Signature of Preceptor \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Licensed in which state? \_\_\_\_\_ License number \_\_\_\_\_  
CPM? \_\_\_\_\_ CPM # \_\_\_\_\_ date of expiration \_\_\_\_\_  
Dates of supervision \_\_\_\_\_ to \_\_\_\_\_  
Number of births supervised as assistant \_\_\_\_\_ number primary \_\_\_\_\_  
Number PRIMARY: initials \_\_\_\_\_, prenatals \_\_\_\_\_, newborns \_\_\_\_\_, postpartums \_\_\_\_\_  
Signature of Preceptor \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Licensed in which state? \_\_\_\_\_ License number \_\_\_\_\_  
CPM? \_\_\_\_\_ CPM # \_\_\_\_\_ date of expiration \_\_\_\_\_  
Dates of supervision \_\_\_\_\_ to \_\_\_\_\_  
Number of births supervised as assistant \_\_\_\_\_ number primary \_\_\_\_\_  
Number PRIMARY: initials \_\_\_\_\_, prenatals \_\_\_\_\_, newborns \_\_\_\_\_, postpartums \_\_\_\_\_  
Signature of Preceptor \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Licensed in which state? \_\_\_\_\_ License number \_\_\_\_\_  
CPM? \_\_\_\_\_ CPM # \_\_\_\_\_ date of expiration \_\_\_\_\_  
Dates of supervision \_\_\_\_\_ to \_\_\_\_\_  
Number of births supervised as assistant \_\_\_\_\_ number primary \_\_\_\_\_  
Number PRIMARY: initials \_\_\_\_\_, prenatals \_\_\_\_\_, newborns \_\_\_\_\_, postpartums \_\_\_\_\_  
Signature of Preceptor \_\_\_\_\_