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# Please Check:

#  Graduate Midwife Registered Nurse

Name of Applicant: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** School: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| Name and Address of Patient | Case No. | Complete Diagnosis | Date & Time Performed | Full Name, Address of Facility & Contact Number | Supervised by: |
| Printed Name & Contact No. | Position/ Designation | Signature | License No./ Expiration Date |
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| Name and Address of Patient | Case No. | Complete Diagnosis | Date & Time Performed | Full Name, Address of Facility & Contact Number | Supervised by: |
| Printed Name & Contact No. | Position/ Designation | Signature | License No./ ExpirationDate |
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Note: 1) The Clinical Instructor should ensure the competence of the students in the performance of actual deliveries before signing this form.

 2) Registered Midwives/Clinical Instructors who supervise Students/Graduate Midwives/Registered Nurses and affix their signature in this Form must present a

 Certificate of Training on Expanded Functions of Midwife (R.A. 7392) pursuant to Board Resolution No. 07, Series of 2017, dated September 8, 2017.





**CERTIFIED CORRECT:**

Signature: Date:

Printed Name:

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number: Expiry Date: