



## Alegria Clinical Hours Year 3

### Clinical Practicum Experience

**Preceptor Name:** \_\_\_\_\_ **Certification/License #** \_\_\_\_\_

Date:	Time Interval	Total Hours	Course #	Activity
	to			
	to			
	to			
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	to			
	to			

**Student email:** \_\_\_\_\_



















***Course Names & Required Hours for Year 1***

<b>Well Woman Health II</b>	<b>Course # PM302</b>	<b>40 hours</b>
<b>Advanced Infant Feeding</b>	<b>Course # PM401</b>	<b>10 hours</b>
<b>Herbology in Midwifery</b>	<b>Course # PM502</b>	<b>20 hours</b>
<b>Understanding and Interpreting Labs</b>	<b>Course # PM602</b>	<b>10 hours</b>
<b>Business 101</b>	<b>Course # PM902</b>	<b>15 hours</b>

***Current Clinical Hours***

<b>Course #</b>	<b>Total Hours</b>
<b>PM302</b>	
<b>PM401</b>	
<b>PM502</b>	
<b>PM602</b>	
<b>PM902</b>	

***Student email:*** \_\_\_\_\_