



## Alegria Clinical Hours Year 2

### Clinical Practicum Experience

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

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

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

















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

<b>Charting 101</b>	<b>Course # PM301</b>	<b>30 hours</b>
<b>Prenatal Care II – High Risk Pregnancies</b>	<b>Course # PM501</b>	<b>20 hours</b>
<b>Labor and Birth Care II – Complication</b>	<b>Course # PM601</b>	<b>120 hours</b>
<b>Postpartum Care II – Complications</b>	<b>Course # PM701</b>	<b>10 hours</b>
<b>Obstetric Emergencies</b>	<b>Course # PM801</b>	<b>20 hours</b>
<b>Introduction to Well Woman Health</b>	<b>Course # PM901</b>	<b>15 hours</b>

***Current Clinical Hours***

<b>Course #</b>	<b>Total Hours</b>
<b>PM301</b>	
<b>PM501</b>	
<b>PM601</b>	
<b>PM701</b>	
<b>PM801</b>	
<b>PM901</b>	

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