



Alegria Clinical Hours Year 1

Clinical Practicum Experience

Preceptor Name: _____ **Certification/License #** _____

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

Student email: _____



Course Names & Required Hours for Year 1

Fundamentals of Midwifery Skills	Course # PM500	20 hours
Prenatal Care I	Course # PM700	40 hours
Labor and Birth Care I	Course # PM800	120 hours
Postpartum Care I	Course # PM900	20 hours
Lactation and Infant Feeding Basics	Course # PM1000	15 hours

Current Clinical Hours

Course #	Total Hours
PM500	
PM700	
PM800	
PM900	
PM1000	

Student email: _____