PUBLIC HEALTH DIVISION
CLINICAL PROTOCOL/MANUAL APPROVAL SHEET

PROGRAM: Family Planning Program

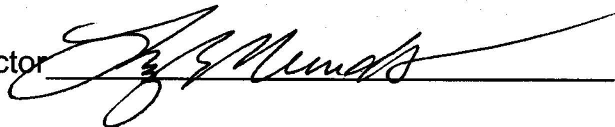
CLINICAL PROTOCOL/MANUAL TITLE: 2006 Family Planning Program Revisions

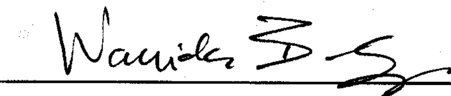
Reviewed by: (Must have a signature from at least one clinical user of the Clinical Protocol.)

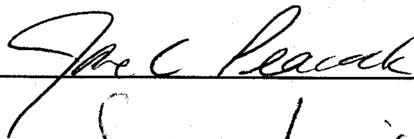
User Reviews:

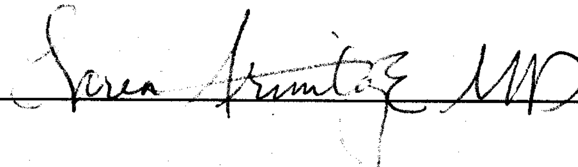
Laura Brown MD	4/06	Dianna McCune	2/06
Madeline Casados	2/06	Joyce Miller	2/06
Meg Davidson MD	4/06	Nicole Montgomery	2/06
Wanima Garcia	2/06	Frances Rodriguez	2/06
Margaret Hemm CNP	4/06	Laurie Spiegel CNP	4/06

Approved by:

Program Manager/Director  Date 4-28-2006

Medical Director/
Medical Epidemiologist  Date 4-28-2006

Bureau Chief  Date 4-28-2006

District Health Officer  Date 8-01-2006.

PUBLIC HEALTH DIVISION
ACKNOWLEDGEMENT AND RECEIPT OF NEW/REVISED CLINICAL PROTOCOL

PROGRAM: Family Planning

CLINICAL PROTOCOL/MANUAL TITLE: 2006 Family Planning Program Revisions

I have reviewed the document listed above and I approve it for practice in Region ___.

Region Director ____________________ Date ____________

Region Health Officer ____________________ Date ____________

Director of Nursing Service ____________________ Date ____________

Director of Nursing Service ____________________ Date ____________

I have received, reviewed and will follow this Clinical Protocol and its Standing Orders.

Staff (Clinicians, PHNs, DPSs, etc.):

Name	Date	Name	Date

Each clinician and PHN must review the document mentioned above and sign this sheet. (Use additional sheets as necessary.) The Nurse Manager will retain the signed copy(ies) of this sheet at the clinic and submit the original(s) to the Director of Nursing Services.