TRAINEE CLINICAL EXPERIENCE RECORD

Natural Family Planning Association (Alberta)

Trainee's Name: _____

Address: _____ Phone: _____

Email: _____ Age: _____

Mentor Teacher: _____

Date	Instruction Time	FU or IP?	Case Details: Avoiding, Trying to Conceive, Breastfeeding, Peri-menopause etc.	Trainee Observed Instruction	Trainee Presented Instruction	Mentor Teacher Initials

Date	Instruction Time	FU or IP?	Case Details: Avoiding, Trying to Conceive, Breastfeeding, Peri-menopause etc.	Trainee Observed Instruction	Trainee Presented Instruction	Mentor Teacher Initials

MENTOR TEACHER'S COMMENTS:

When complete, scan and email to the Director of Education & Public Relations at:
ed.director@billingslife.ca