PUBLIC HEALTH DIVISION
CLINICAL PROTOCOL/MANUAL APPROVAL SHEET

PROGRAM/BUREAU: Family Planning Program/ Family Health Bureau

CLINICAL PROTOCOL/MANUAL TITLE: 2021 Family Planning Program Protocol
Location: https://nmhealth.org/about/phd/fhb/fpp/pvdr

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

Name: Anaya, Ronda, FNP-BC Date: 9/28/20
Name: Artiglia, Lauren, CNP Date: 4/27/21
Name: Benon, Robert, FNP Date: 4/26/21
Name: Bullock, Carletta, MD Date: 4/20/21
Name: Duran, Leo, Pharmacist Date: 3/8/21
Name: Garrison, Susan, CNP Date: 9/29/20
Name: Griffin, Emily, CNP Date: 2/22/21
Name: Martinez, Maria, FNP-C Date: 8/18/21
Name: Ogren, John, MD Date: 4/12/21
Name: Perea, Margaret, Clerk Specialist Date: 2/5/21
Name: Pinales, Maria, RN-BSN Date: 8/18/21
Name: Singh, Rameet, MD Date: 3/11/21
Name: Tivis, Barbara, Clerk Specialist Date: 2/4/21
Name: Vela, Beatriz, RN-BSN Date: 8/18/21

Approved by:

FPP Medical Director: Amanda Goertz
FPP Program Manager: Susan Lovett
FHB Bureau Chief: Janis Gonzales
PHD Medical Director: Chris Novak
Regional Health Officer: Eugene Marciniak
PHD Chief Nurse: Heather Black
ACKNOWLEDGEMENT AND RECEIPT OF NEW/REVISED CLINICAL PROTOCOL

PROGRAM: Family Planning Program

CLINICAL PROTOCOL/MANUAL TITLE: 2021 Family Planning Program Protocol

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

__________________________________________  _____________________
Regional Director        Date

__________________________________________ _____________________
Regional Health Officer       Date

__________________________________________ _____________________
Regional Director of Nursing Service     Date

__________________________________________ _____________________
Regional Director of Nursing Service     Date

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

Staff (Clinicians, PHNs, Clerks etc.):

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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.