

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

PROGRAM: Family Planning Program

CLINICAL PROTOCOL/MANUAL TITLE: 2019 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.):

Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
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.