



# Host Facility Confirmation

## Training to Competence Externship

Thank you for your commitment to providing medical residents with training in abortion care as it relates to the full spectrum of reproductive health care services. Please provide the following information about the clinical opportunity arranged by the medical resident listed below to observe/train at your facility. This information is intended to verify the clinical opportunities that will be provided to the resident requesting funding through the MSFC Training to Competence Externship Program.

**Extern's Name:** \_\_\_\_\_

**Externship Start Date:** \_\_\_\_\_ **Externship End Date:** \_\_\_\_\_

Please estimate the number of Surgical Abortions and Medical Abortions the resident will receive exposure to during their externship at your facility. Also, please list the range of other reproductive health services this resident will receive exposure to during their externship at your facility.

**Surgical 1st Trimester:** \_\_\_\_\_ **Surgical 2nd Trimester:** \_\_\_\_\_ **Medication Abortion:** \_\_\_\_\_

**Other Reproductive Health Services:**

- |   |   |
|---|---|
| <input type="checkbox"/> IUD Placement                | <input type="checkbox"/> Pre-natal Care       |
| <input type="checkbox"/> Pregnancy Options Counseling | <input type="checkbox"/> Colposcopy           |
| <input type="checkbox"/> Pelvic Exams                 | <input type="checkbox"/> Contraception        |
| <input type="checkbox"/> Pap Smear                    | <input type="checkbox"/> Ultrasound           |
| <input type="checkbox"/> Breast Exam                  | <input type="checkbox"/> LGBT Health Services |
| <input type="checkbox"/> STD Testing                  |   |

**Facility Name**

\_\_\_\_\_

**Facility Address**

\_\_\_\_\_

**Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

**Signed by**

**Title**

\_\_\_\_\_

\_\_\_\_\_

**Email Address**

**Phone Number**

\_\_\_\_\_

\_\_\_\_\_

**Please return this form to:**

**Email**  
[externs@msfc.org](mailto:externs@msfc.org)

**Mail**  
MSFC Externship Program  
PO Box 40935  
Philadelphia, PA 19107

**Fax**  
215-625-4848