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:

- ☐ IUD Placement
- ☐ Pregnancy Options Counseling
- ☐ Pelvic Exams
- ☐ Pap Smear
- ☐ Breast Exam
- ☐ STD Testing
- ☐ Pre-natal Care
- ☐ Colposcopy
- ☐ Contraception
- ☐ Ultrasound
- ☐ LGBT Health Services

Facility Name

_____

Facility Address

_____

Signature **Date**

_____ _____

Signed by **Title**

_____ _____

Email Address **Phone Number**

_____ _____

Please return this form to:

Email
externs@msfc.org

Mail
MSFC Externship Program
PO Box 40935
Philadelphia, PA 19107

Fax
215-625-4848