



Host Facility Confirmation Form

Reproductive Health Externship • Clinical Abortion Observation • Training to Competence Externship

Thank you for your commitment to providing 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 to observe/train at your facility. This information is intended to verify the clinical opportunities that will be provided to the extern requesting assistance through **MSFC**.

Please contact Externs@msfc.org if you have any questions.

Extern's Name: _____

Externship Start Date: _____ **Externship End Date:** _____

Please estimate the number of Surgical Abortions and Medical Abortions the extern will receive exposure to 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 | |

Does your facility charge a training or hosting fee to externs? If so, what is that amount? _____

Facility Name

Facility Address

Signature

Date

Signed by

Title

Email Address

Phone Number

- ☐ Please check here if we may contact you with further information about hosting students or residents for a similar externship or updating your site's information with MSFC's host site database.

Please email the completed form to externs@msfc.org