PUBLIC HEALTH NURSING LOG OF APPROVED STD CLINICAL ASSESSMENT AND TREATMENTS
CLINICAL EXPERIENCE WITH CLINICAL ADVISOR

Type of Experience Male or Female	Problems identified: abnormalities identified during the assessment	Referrals: Reason and Type	Clinical Advisor: Date/ Signature and Comments
Lab Rotation	Date_____		

Required number and type of assessments successfully completed. Clinical advisor:_____ Date:_____

Total one-to-one precepting hours (include all exams in addition to above):_____ Precepted from (mm/yy)_____ To (mm/yy)_____

Signature Clinical Advisor:_____

_____ County of Employment

_____ Name of PHN Participant

_____ Location and Dates

Check appropriate blank: _____ Course _____ Challenge Exam

Log should be sent to: Tavie Flanagan, OCE, CB# 8165., Chapel Hill, NC 27599-8165

Students must complete a minimum of 12 STD assessments, including at least 4 male STD assessments and 8 female assessments.

Rev 2/07