

**PUBLIC HEALTH DIVISION  
CLINICAL PROTOCOL/MANUAL APPROVAL SHEET**

**PROGRAM/BUREAU:** Family Planning Program/ Family Health Bureau

**CLINICAL PROTOCOL/MANUAL TITLE:** 2018 Family Planning Program Protocol

**Location:** <https://nmhealth.org/about/phd/fhb/fpp/pvdr>

**Reviewed by:** (Must have a signature from at least one clinical user of the Clinical Protocol.)

User Reviews:

Name: Ronda Anaya, FNP-BC Date: 6/18

Name: Carletta Bullock, MD Date: 6/18

Name: Barbara Clarke, CNM Date: 6/18

Name: Leo Duran, Pharmacist Date: 6/18

Name: Carol Larez, DNS Date: 6/18

Name: Shelly Ogle-Schwent, RN Date: 6/18

Name: Rameet Singh, MD Date: 6/18

Name: Shelley Strong, OGC Date: 6/18

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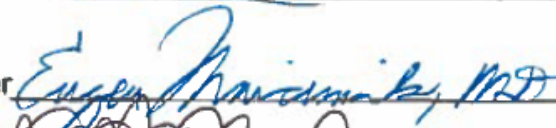
**Approved by:**

Program Manager  Date 7/10/18

Bureau Chief  Date 7/10/18

Program Medical Director  Date 7/10/18

PHD Medical Director  Date 07/11/2018

Regional Health Officer  Eugene Pranicich, MD Date 7/10/18

PHD Chief Nurse  Date 7/16/18

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

**PROGRAM:** Family Planning Program

**CLINICAL PROTOCOL/MANUAL TITLE:** 2018 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

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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.