

West Coast Advanced Practice Clinician Colposcopy Education Program

Application (Page 1)

Print and mail forms to 400 W. 30th St. Los Angeles, CA 90007
OR Fax to 213-284-3352
OR Scan and email to Griselda.Pantoja@pp-la.org
For more information please contact Griselda Pantoja 213-284-3200

Name Last	First	Middle	Date
-----------	-------	--------	------

Education and Training (Basic and Advanced Practice Education)

Institution	City/State	Dates Attended	Degree or Certificates

Work Experience as Advanced Practice Clinician

Dates of Job	Employer	City/State	Employment Function

Colposcopy Services / Describe colposcopy services currently available for your clients:

.....

.....

.....

How will your new colposcopy skills be utilized in your work?

.....

.....

West Coast Advanced Practice Clinician Colposcopy Education Program

Preceptor Qualification Form

To be completed by Preceptor:

Name			
Street Address	City	State	Zip

Medical school/Advanced Practice Education if applicable (place, dates of completion):

.....

.....

.....

OB/GYN residency or advanced practice education (place, dates of completion):

.....

.....

.....

Description of colposcopy training:

.....

.....

.....

Post-graduate courses related to colposcopy:

.....

.....

Number of years performing colposcopy:

.....

Number of colposcopies performed per week:

.....

Name of clinician to be precepted:

.....