Registered Nurse Nurse Practitioner Physician Assistant Social Worker	(MD) (CNM) (RN) (NP) (PA) (SW)	Marriage and Family Therapist Health Educator Childbirth Educator Dietitian/Registered Comprehensive Perinatal Health Worker Licensed Vocational Nurse	(MFT) (HE) (CE) (RD) (CPHW) (LVN)
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**Years of Experience

For MD, CNM, RN, NP, PA, SW, MFCC, HE, LVN-Years of experience in Maternal and Child Health. For CE, CPHW-Years of experience in perinatal care. For RD/RDE-Years of experience in perinatal nutrition

Please identify all program practitioners who will be providing Comprehensive Perinatal Services (Obstetric and Support Services). If any services are provided at site(s) different from service address specified on page 1, please indicate location and services.

Practitioners:							pplies to M, NP, PA)			ation	ttion		lation		oval		
Last Name Location	First	Middle Initial	*Type or Specialty	CA License, Certificate, Registration Number	Expr. Date of Lic., Cert., or Reg. No. MM/DD/YY	Year Graduated Degree and Institution/Univ.	Medi-Cal Rendering Provider Number	**Years of Experience	Obstetrics (ap Physicians, CN	Obstetrics (applies to Physicians, CNM, NP, PA) Supervision	Back-up	Client Orientation	Health Education	Psychosocial	Case Coordination	Consultant	Protocol Approval
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