Department of Obstetrics & Gynecology
Department of Specialized Women's Health, X Women's Hospital

Family Planning Rotation Participation Form for Postgraduate Trainees

I, ____, wish to be involved in abortion/sterilization procedures as indicated below.

For each area, please check (√) to what degree you wish to be involved.

Procedure	Theory	Observe only	Perform
Physical Examination			
Conscious Sedation			
Cervical Blocks			
Insertion of Osmotic Dilators			
Ultrasound Dating			
Cervical Dilatation			
Suction Procedures			
Medical Abortions			
IUD Insertion/Removal (after abortion procedure)			
Sterilization procedures and counseling are considered mandatory components of rotation	*n/a*	*n/a*	*n/a*

Signature: ____ Date: ________________________

Revised: February 21, 2008