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

SAMPLE

Last Name First Middle Initial Location	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 (applies to Physicians, CNM, NP, PA)	Supervision	Back-up	Client Orientation	Health Education	Nutrition	Psychosocial	Case Coordination	Consultant	Protocol Approval
Smith, John H.	MD	G77777	06/09/06	1990 MD UCSF	000G77777	12	X	X		X	X	X	X		X	X
Chung, Susan L. 3902 River Blvd. Baytown, CA 94393	MD	A88888	04/12/07	1982 MD U of Michigan	N/A	20	X		X	X	X	X	X			
Hernandez, Marta S.	CNM	NMW 1234	05/08/05	2000 CNM UCSD	N/A	3	X			X	X	X	X			
Diaz, Elena NMI	RN	RN 222222	01/19/06	1999 RN Manila Univ, Philippines	N/A	5				X	X	X	X	X		
Nguyen, Kimi P. 3902 River Blvd. Baytown, CA 94393	CPHW	N/A	N/A	2001 MA Heald College, San Jose, CA	N/A	2				X	X	X	X			

SAMPLE

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Liu,	Elizabeth	(NMI)	RD	RD 49494	03/22/04	1996 RD Un. of Connecticut	N/A	7				X	X	X	X			X
Burton,	Sheila	E.	SW	N/A	N/A	1998 MSW Sacramento State	N/A	5										X
Robertson,	Roberta	Z.	HE	N/A	N/A	1998 MPH Public Health Ed UCLA	N/A	5										X