

## Mother-Infant/L&D Skills Checklist

Name:  Date:  Experience Since:

	Comfortable With	Done Occasionally	No Experience
<b>A. ANTEPARTUM</b>			
<b>1. Assessment</b>			
a. Assess for comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Breathing/relaxation techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Equipment &amp; Procedures</b>			
<b>a. Catheter insertion</b>			
(1) Foley catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Straight catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Delivery table set-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Sonogram</b>			
(1) Amniotic fluid index	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Assist with sonogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Biophysical profile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Perform sonogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. LABOR ASSESSMENT</b>			
1. Fetal assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a. Auscultate fetal heart rate</b>			
(1) Doppler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Fetoscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Determine fetal position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Document FHR patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Identify normal &amp; treat abnormal FHR patterns</b>			
(1) Baseline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Early decelerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Late decelerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Prolonged decelerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Variability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Variable decelerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Mental assessment</b>			
a. Deep tendon reflexes (DTRs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Edema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Norms for perinatal vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Perform admission risk assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Presence of clonus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f. Progression of labor</b>			
(1) Contraction characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Dilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Effacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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(4) Fetal presentation/position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Status of membranes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Sterile speculum exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Vaginal exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g. Rupture of membranes</b>			
(1) Fern test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Nitrazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Equipment &amp; Procedures</b>			
<b>a. Artificial rupture of membranes (assist)</b>			
(1) Prolapsed cord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Recognize potential complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Vasa previa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Collect blood/urine specimens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Collect vaginal cultures</b>			
(1) Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Group B strep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Herpes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Document labor status/assessment &amp; interventions</b>			
(1) Anticonvulsants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Labor suppressants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. External fetal monitor application</b>			
(1) Doppler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Phono or abdominal, ECG transducer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Tocotransducer ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f. Internal monitoring (assist or perform insertion)</b>			
<b>(1) Intrauterine pressure catheter</b>			
(a) Fluid filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Transducer tipped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Spiral electrode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Perform Leopold's maneuvers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Toxicology studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Medications</b>			
a. Administer IM/SC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Administer IV meds/monitor IV drips</b>			
(1) Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Antihypertensives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Anti-Tocolytics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Heparin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Magnesium sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Narcotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Narcan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Oxytocin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) Tocolytics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Assist with prostin gel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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d. Cervidil insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use of Cytotec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Use of prostin suppositories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. COMPLICATIONS OF PREGNANCY</b>			
<b>1. Assessment</b>			
a. Identify common arrhythmias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Normal cardiac rhythms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Patient education - fetal movement counts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Equipment &amp; Procedures</b>			
a. Assist with external version	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assist with fetal scalp sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Assist with percutaneous umbilical sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Assist with umbilical blood sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Circulate for Cesarean delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Circulate, scrub for bilateral tubal ligation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g. Conduct contraction stress test</b>			
(1) Breast stimulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Oxytocin challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Conduct non-stress test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) Stimulate fetus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Vibroacoustic stimulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Draw umbilical blood samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Glucose reflectometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>k. Lines/monitoring</b>			
(1) Central venous lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Invasive hemodynamic monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) PICC lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Pulmonary artery catheters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Scrub for Cesarean delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Set up Cesarean delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Care of the patient with:</b>			
a. Abruptio placenta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cardiac disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Chorioamnionitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Chronic hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Collagen vascular disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Eclampsia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. HBV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. HELLP syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Hemolytic anemias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Hemorrhage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. HIV positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Malpresentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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p. Multiple gestation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Other infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Placenta previa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Preeclampsia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Premature labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Pyelonephritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. RH disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Sickle cell disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Medications</b>			
a. Indomethacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Magnesium sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Procardia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ritodrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f. Terbutaline</b>			
(1) IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) PO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) SC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. INTERVENTION DURING PREGNANCY</b>			
1. Cesarean section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Forceps vaginal delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Monitor patients with anesthesia</b>			
a. General anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Regional anesthesia</b>			
(1) Epidural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Local infiltration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Spinal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Spontaneous vaginal delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Vacuum extraction delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. INFANT INTERVENTIONS POST DELIVERY</b>			
<b>1. Assessment</b>			
a. Apgar scoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Initial vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Intervention/risk factors for:</b>			
(1) IDM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) LGA, SGA, IUGR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Newborn physical assessment</b>			
(1) Ballard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Dubowitz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Finnegan scoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Equipment &amp; Procedures</b>			
a. Assist with initial breast feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assist with interventions for meconium staining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bath - perform and teach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cardiac - respiratory monitor placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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e. Circumcision care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Cord care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Discharge teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Heelstick glucose determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Infant identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Neonatal resuscitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Obtain hematocrit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Obtain neonatal toxicology screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Phototherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Promote bonding behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>o. Suctioning</b>			
(1) Bulb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Delee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Medications</b>			
a. Eye prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vitamin K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. POST PARTUM INTERVENTIONS</b>			
<b>1. Assessment</b>			
a. Bladder distention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Breast feeding</b>			
(1) Latch-on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. DVT (Deep vein thrombosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Episiotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Fluid balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fundal height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Fundal massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Lochia amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Maternal vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. PHLEBOTOMY/IV THERAPY</b>			
<b>1. Equipment &amp; Procedures</b>			
<b>a. Administration of blood/blood products</b>			
(1) Cryoprecipitate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Packed red blood cells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Plasma/albumin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Whole blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Drawing blood from central line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Drawing venous blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Starting IVs</b>			
(1) Angiocath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Butterfly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Heparin lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Care of the patient with:</b>			
a. Central line/catheter/dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Peripheral line/dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>H. PAIN MANAGEMENT &amp; ANESTHESIA</b>			
1. Assessment of pain level/tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Care of the patient with:</b>			
a. Epidural anesthesia/analgesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. IV conscious sedation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Patient controlled analgesia (PCA pump)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Assist with delivery of anesthesia</b>			
a. Anesthesia toxicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Coaching patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Epidural block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fluid challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hypotension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Intrathecal narcotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Intravascular injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Positioning patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Signs/symptoms of dural puncture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Spinal anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Signature

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Date

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Agency Representative Signature

\_\_\_\_\_  
Date