

**Faculty Application:
Clinical Facility
Diagram**



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Name: _____ Date: _____

Please fill in or attach a diagram of your clinical teaching facility. *If you have no clinical facility, and only do home visits and home births, please make a note to that effect, below.* The diagram can be hand drawn, and does not need to be to scale.

Please note on the diagram the location of all fire extinguishers, smoke alarms, and exits. Include by means of arrows your emergency exit plan from the facility.