Helping Mothers Survive

Practice Coordinator

presented to

NAME

**in Recognition of Completion of the**

**HMS Prolonged and Obstructed Labor**

**Practice Coordinator Orientation**

**City, Country**

 **Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Facility­ ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 HMS Trainer Signature

