NANC

Observation Log

(You are required to observe a NANC certified counselor for a minimum of ten hours.)

Be sure to provide the information requested below, even if you have watched DVD's or videos.

Your Name _____

Address _____

City, State, Zip _____

Daytime Phone _____**Email** _____

Observation Date	NANC Certified Counselor Observed	Session Length	Running Total

Total _____