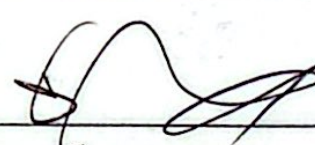




York College, CUNY PA Program Procedure Log Sheet

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| Mandatory Procedures       | At least | Date Performed                                                | Signature of Observer/Faculty/Staff                                                   |
|----------------------------|----------|---------------------------------------------------------------|---------------------------------------------------------------------------------------|
| IM Injection               | 3        | 11/5/26                                                       |    |
| Bp Measurement             | 3        | 11/5/26<br>11/6/26<br>11/7/26<br>01/05/26<br>02/05/26<br>x 25 |    |
| Arterial Blood Gas         | 3        |                                                               |                                                                                       |
| Chest X-ray Interpretation | 3        |                                                               |                                                                                       |
| Dressing Change/Wound Care | 3        |                                                               |                                                                                       |
| Obtaining a Throat Culture | 3        | 11/29/26                                                      |  |



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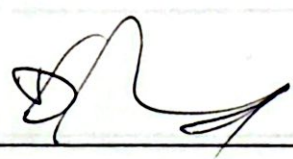
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|                                    |   |                               |                                                                                     |
|------------------------------------|---|-------------------------------|-------------------------------------------------------------------------------------|
|                                    |   |                               |                                                                                     |
| Perform & Interpret EKG            | 3 | 11/6/26<br>11/7/26<br>11/9/26 |  |
| Perform or assist with pelvic exam | 3 | 11/29/26                      |  |
| Placement of Peripheral IV Access  | 3 |                               |                                                                                     |
| Rectal Exam                        | 3 |                               |                                                                                     |
| Scrubbing-in OR Technique          | 3 |                               |                                                                                     |
| Splinting/Casting                  | 3 |                               |                                                                                     |



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| Suturing                              | 3              |                                                                                 |                                                                                     |
|---------------------------------------|----------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Urinary Catheterization (Male/Female) | 3              |                                                                                 |                                                                                     |
| Venipuncture                          | 3              | 1/6/26<br>1/7/26<br>1/9/26<br>1/12/26<br>1/13/26<br>01/03/26<br>02/05/26<br>x24 |  |
| Nasogastric Tube Placement            | 3              |                                                                                 |                                                                                     |
| Recommend Procedures                  | Date Performed |                                                                                 | Signature of Observer/Faculty/Staff                                                 |
| Sub Q Injection                       |                |                                                                                 |                                                                                     |
| Intradermal Injection                 |                |                                                                                 |                                                                                     |
| Assist in Cesarean Section            |                |                                                                                 |                                                                                     |