

**CENTER FOR MATERNAL AND CHILD HEALTH
MARYLAND FAMILY PLANNING & REPRODUCTIVE HEALTH PROGRAM**

SELF SITE REVIEW CERTIFICATION FORM

I, _____ do hereby certify that the
(Print Name)

(check one) Self-Review _____ Abbreviated Self-Review _____ LHD Review of subgrantee _____

of _____ was completed on _____
(Site Reviewed) (Date)

according to the established local health department review procedures of the Maryland State Family Planning Program Clinical and Administrative Site Review Process and the results are accurately reported to the Maryland State Family Planning Program.

Signature

Date

Title/Position

Local Health Department