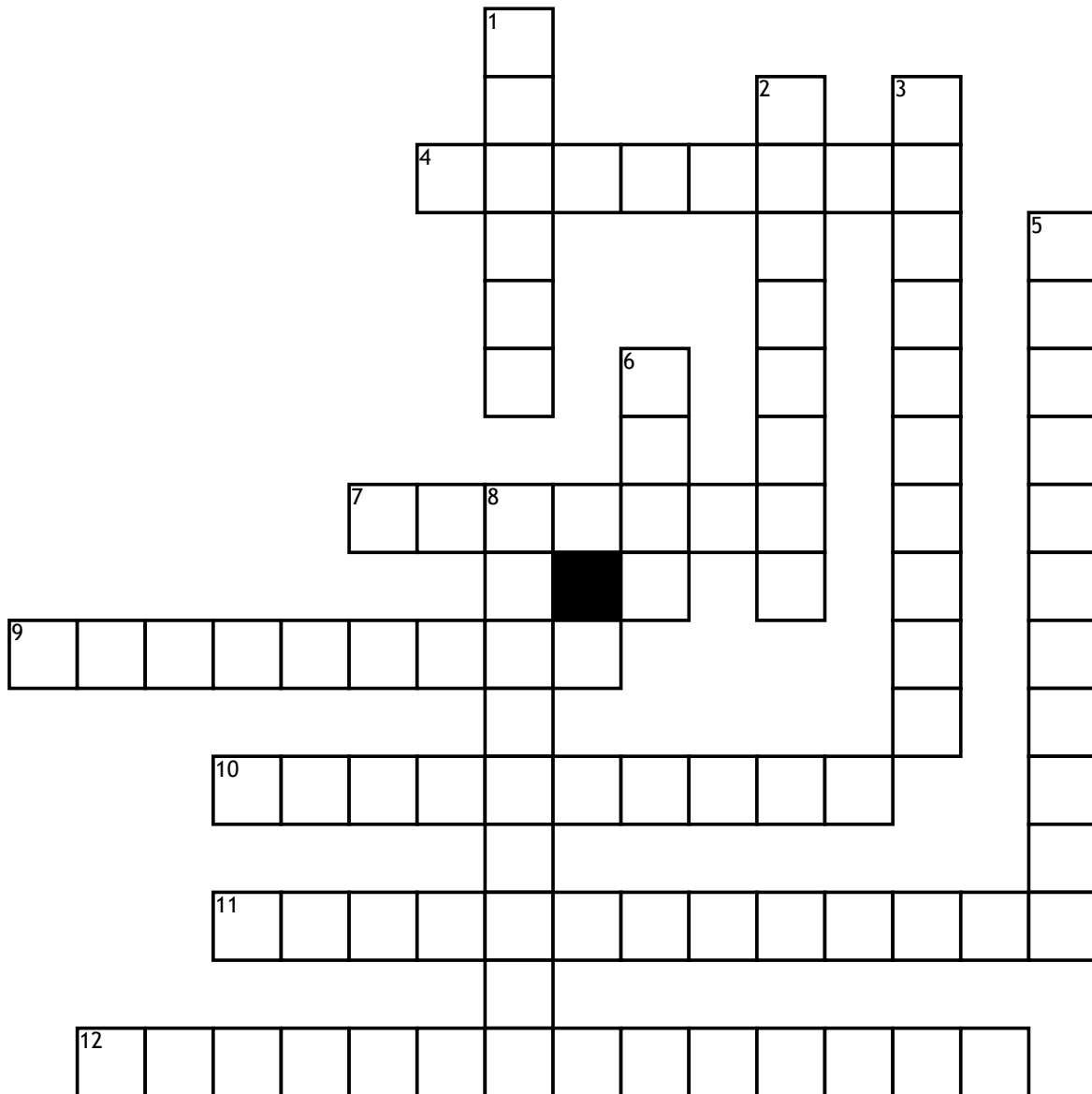


Name: _____

Date: _____

ACOG



Across

- 4. Advocacy
- 7. Support
- 9. Education
- 10. Obstetrics
- 11. WW.
Communication
- 12. WW.

12. WW.

Recommendation

Down

- 1. Coding
- 2. Patients
- 3. Gynecology
- 5. Information

6. acog

8. Procedure