





## Fetal Health Surveillance Education Program **FHS INSTRUCTOR CANDIDATE** – Expression of Interest

Name: Profes	sion:
Institution and Position:	
Email Address and Phone Number:	
What FHS program(s) have you taken? ☐ Fundamentals in Fetal Health S ☐ Fetal Health Surveillance Refresher course ☐ other (please list):	urveillance (Online & in-person workshop)
Tetal fleatiff surveillance Kerresher course	
What FHS program(s) have you taught?	
Number of years in practice with FHS:	
I am aware that as a FHS Instructor I will:  ☐ Offer FHS workshops & ongoing initiatives (e.g.: tracing rounds accordance with the Canadian FHS Education Program to ensure the members are source in FHS to staff within my facility.  ☐ Demonstrate the requisite knowledge, skills and confidence to members to facilitate FHS Workshops.  ☐ Network with other FHS instructors within our province.  ☐ Maintain registration and participate as a member of the national confidence and participate as a member of the national confidence.	re ongoing capacity building collaborate with inter-professional team
Please tell us a bit about yourself, including:  a. Why you want to become a FHS Instructor	
b. Your current and/or relevant clinical experience	
c. Your current and relevant teaching experience	
d. How you intend to use your role as a FHS Instructor	
Please feel free to use another page if you require additional space.	
Signature	Date