



AWHONN
Fetal Heart
Monitoring PROGRAM

AWHONN Instructor Enhancement Course in Fetal Heart Monitoring Principles and Practices

Sponsored By Advocate Lutheran General Hospital

Wednesday, January 25, 2017

8:00 a.m. – 5:00 p.m.

Advocate Lutheran General Hospital
Labor & Delivery Conference Room, 3rd Floor
1700 Luther Lane, Park Ridge, IL 60068

Cost for Instructor Enhancement Course - \$250
This includes conference materials.

Registration is on a first come first serve basis and is limited to 8 participants.

No refunds/cancellations accepted after December 22, 2016.

See attached Registration Form for information; check must accompany registration.

To pay by credit card contact Pattie Cantella at (847) 723-7737.

You must meet the following criteria to take the Instructor Enhancement Course:

- ♦ Current AWHONN Membership
- ♦ Successful completion of the Intermediate Course 2013-2016
- ♦ A minimum of two years experience in intrapartum care
- ♦ Current clinical involvement in fetal heart monitoring as a staff nurse, manager or educator
- ♦ Responsibility of evaluating clinical skills of others in fetal heart monitoring
- ♦ Maintenance of your own professional development in intrapartum care and fetal heart monitoring

Please submit the following with your registration:

- ♦ Copy of your AWHONN Membership card
- ♦ A copy of your CV with current employment information
- ♦ A listing of your continuing education for the past 2 years
- ♦ A check in the amount of \$250 payable to Lutheran General Hospital
- ♦ AWHONN Instructor Candidate Qualifications (3 pages)

PLEASE NOTE: THERE IS A PRE-ASSIGNMENT AND ALL PARTICIPANTS MUST BE APPROVED BY AWHONN AT LEAST ONE MONTH IN ADVANCE.

Registration must be received by December 22, 2016.

Upon successful completion of the course participants earn 8.7 contact hours of continuing education.

Questions: Debbie Schy (847) 723-5991

Directions: Public Safety at LGH (847) 723-5123

Registration Form:

AWHONN Instructor Enhancement Course in Fetal Heart Monitoring Principles and Practices
Lutheran General Hospital – Labor & Delivery Conference Room, 3rd Floor
Wednesday, January 25, 2017
8:00 a.m. – 5:00 p.m.

Name: _____

**Make Checks Payable to
Lutheran General Hospital**

Address _____

Mail to:
Lutheran General Hospital

City, State, Zip code _____

Attn: Pattie Cantella

Hospital _____

4 South, Obstetrics
1775 W. Dempster
Park Ridge, IL 60068

Home phone _____ Work phone _____

Email address: _____

Written confirmation will be sent upon acceptance into course.

****Please contact our office at 847-723-5991 if you do not receive confirmation and materials
by January 4, 2017****

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AWHONN Verification Form for Instructor Candidate Qualifications

Criteria for participation in AWHONN's *Intermediate Fetal Monitoring Instructor Course* are:

- Licensed Registered Nurse or Licensed Physician
- Current AWHONN membership
- Minimum two years recent clinical experience in fetal monitoring
- Current clinical involvement in fetal heart monitoring (FHM) as a staff nurse, physician, manager, clinical nurse specialist, advanced practice registered nurse, certified nurse midwife (registered midwife – Canada) or educator to include responsibilities for assessment of clinical skills of others in FHM practice
- Maintenance of professional development in intrapartum, ante partum, high risk care and FHM through attendance at relevant continuing education activities (see below)
- Evidence of successful completion of the current edition Intermediate Fetal Monitoring Course and Advanced Fetal Monitoring Course within three years of Intermediate Course application with **documentation of course validation, including dates and course numbers**

Please complete the following:

1. Name _____ AWHONN Member Number _____
2. Dates, Locations and Course Numbers of current edition of the AWHONN Intermediate Fetal Monitoring Course and AWHONN Advanced Fetal Monitoring Courses:

	Date	Location	Course Number
Intermediate FHM Course			
Advanced FHM Course			

3. Dates, Titles and Providers of most recent professional development activities related to intrapartum, ante partum, high risk care and FHM (excluding AWHONN *Fetal Heart Monitoring Programs*):

Date	Titles	Providers	CNE Provided
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

AWHONN Verification Form for Instructor Candidate Qualifications

(Continued)

4. Dates and description of experience and clinical involvement in fetal heart monitoring (FHM) as a staff nurse, physician, manager, clinical nurse specialist, advanced practice registered nurse, certified nurse midwife (registered midwife – Canada) or educator to include responsibilities for assessment of FHM clinical skills of others.

Dates (e.g. 2000-Present)	Description of experience, clinical involvement and/or responsibilities for evaluation of FHM clinical skills of others	Indicate all that apply:
		<input type="checkbox"/> Experience <input type="checkbox"/> Clinical involvement <input type="checkbox"/> Responsible for evaluation of clinical skills of others
		<input type="checkbox"/> Experience <input type="checkbox"/> Clinical involvement <input type="checkbox"/> Responsible for evaluation of clinical skills of others
		<input type="checkbox"/> Experience <input type="checkbox"/> Clinical involvement <input type="checkbox"/> Responsible for evaluation of clinical skills of others
		<input type="checkbox"/> Experience <input type="checkbox"/> Clinical involvement <input type="checkbox"/> Responsible for evaluation of clinical skills of others
		<input type="checkbox"/> Experience <input type="checkbox"/> Clinical involvement <input type="checkbox"/> Responsible for evaluation of clinical skills of others

Use the space below to briefly describe any additional professional experiences or areas of expertise (including publications) related to teaching fetal heart monitoring not described above (e.g., presenter or content expert.)

Instructor Candidate Signature

Date

Instructor Trainer Signature

Date

AWHONN Biographical Data Form

Instructions: Do not attach additional pages. Please type or print clearly.

Name _____ Credentials _____

AWHONN Member Number _____

Preferred Mailing Address _____

Preferred Telephone Home Work Both

Home Telephone (_____) _____

Work Telephone (_____) _____

E-Mail Address _____

Present Position (title and description) _____

Education (include basic preparation through highest degree completed)

Degree	Institution (Name, City, State)	Major Area of Study	Year Degree Awarded

Currently licensed in good standing in (list states/provinces) _____

Are there any reasons why your qualifications to serve as an instructor or to participate in an AWHONN program might reasonably be challenged?

- No
- Yes (explain) _____