



Canadian Fetal Health Surveillance Steering Committee

LETTER OF SUPPORT FOR: FHS INSTRUCTOR

To _____

I am writing this letter on behalf of _____
Name of Sponsoring Institution

In support of _____ quest to become a Fetal Health
Name of Instructor Candidate
Surveillance (FHS) Instructor.

The applicant meets all of the following eligibility requirements:

- Current on FHS literature, evidence and education (please provide proof of teaching FHS Fundamentals and/or FHS Refresher programs in the last 2 years)
- Current licensure as an RN MD RM
- Current and/or relevant intrapartum experience
- Current educational and/or clinical responsibility within the obstetrical program at the institution above

I am confident that _____ will:
Name of Instructor Candidate

- Offer FHS Instructor educational programs in our region/province as required in accordance with the Canadian FHS Instructor Program.
- Mentor and be a resource on FHS to staff within our institution.
- Demonstrate the requisite knowledge, skills and confidence to collaborate with inter-professional team members to facilitate FHS Education.

I am aware that institutional support may be requested to cover the cost of the workshop fee, course materials and/or registration as an Instructor with the Canadian Fetal Health Surveillance Education Program.

I acknowledge that institutional support is integral to the success of FHS programming and education and that our institution is committed to providing support for ongoing FHS activities including paid time for teaching facility staff, resources, equipment, space and/or personnel.

I thereby confirm my support of this FHS Instructor Candidate.

Name (print)

Signature

Title

Date

Email

Telephone