

Letter of Support: FHS Instructor

I am writing this letter on behalf of	
	Name of sponsoring institution
	request to become a Fetal Health
Name of Instructor	Candidate
Surveillance (FHS) Instructor.	
The applicant meets all of the following eligibi	lity requirements:
\square Current FHS education (proof of attendance the last 2 years)	e at a Fundamentals of FHS or FHS Refresher program in
\square Current licensure as an RN, MD, or RM	
\square Current and relevant intrapartum experien	ce
☐ Current educational and/or clinical respons	sibility within the institution above
I am confident that	will:
professional team. I am aware that institutional support may be re	Is and confidence to work with members of the inter- equested to cover the cost of the workshop fee, course through the Canadian Fetal Health Surveillance Program.
•	egral to the success of FHS programming and education support for ongoing FHS activities including resources,
Should you have any questions do not hesitat	e to contact me. Sincerely,
Name (print)	Signature
Title	Date (dd/mm/yyyy)
 Email	Telephone