

FUNDAMENTALS OF FETAL HEALTH SURVEILLANCE (FHS) COURSE ROSTER



COURSE INFORMATION

(Please complete a separate roster for each course)

COURSE DATE: _____

COURSE LEVEL: (Check one) New Provider Instructor Instructor Update

COURSE LOCATION: _____

INSTRUCTOR INFORMATION

ID #	INSTRUCTOR NAME	WORK INSTITUTION	ADDRESS	TELEPHONE & E-MAIL
	Lead Instructor		To which cards are to be mailed	
				T: E:
				T: E:
				T: E:
				T: E:
				T: E:
				T: E:

LEAD INSTRUCTOR'S SIGNATURE: _____

DATE: _____

Do NOT forward Roster until ALL students have completed this course, including rewrites (if applicable).

A registration fee of **\$5.00 per student** must accompany this Roster. Please make cheques payable to Provincial Health Services Authority (PHSA).

Mail to: BC Perinatal Health Program, F508 - 4500 Oak Street, Vancouver, BC, V6H 3N1 (T) 604-875-3737 (F) 604-875-3747

LEAD INSTRUCTOR: _____

TOTAL NUMBER OF STUDENTS IN COURSE: _____

COURSE DATE: _____

FHS COURSE ROSTER: PAGE _____ OF _____

PROVIDER NUMBER	STUDENT NAME (& PREVIOUS SURNAME IF CHANGED) (TYPE OR PRINT CLEARLY)	TITLE	OCCUPATION	INSTITUTION (ABBREVIATE)	HOME ADDRESS (INCLUDE POSTAL CODE)	TELEPHONE NUMBER (INCLUDE AREA CODE)
		<input type="checkbox"/> MS. <input type="checkbox"/> MR. <input type="checkbox"/> DR.				T: E:
		<input type="checkbox"/> MS. <input type="checkbox"/> MR. <input type="checkbox"/> DR.				T: E:
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