

## Fetal Health Surveillance (FHS) Instructor Course

### Application Form

2025

Thank-you for your interest in becoming a Fetal Health Surveillance Instructor!

Fetal Health Surveillance / Surveillance du bien-être foetal Canada (FHS/SBF Canada) outsources the requirements for registration as a FHS Instructor in Canada. The Saskatchewan Maternal and Children's Provincial Program, in collaboration with FHS Instructor Trainers in Canada, ensure that eligibility criteria is met prior to formal registration and acceptance to the FHS Instructor Workshop.

The **Eligibility Criteria** include:

- Must be registered as a regulated professional as one of the following: Licensed Physician, Registered Nurse, or Registered Midwife;
- Have a sponsoring institution that supports fetal health surveillance programming;
- Have current and relevant intrapartum care experience. This is further defined as having a minimum of 2 years **recent** experience providing obstetrical care **and** a minimum of 2 years' **recent** experience as an FHS Provider;
- Current knowledge of FHS literature, evidence, and education (this may be demonstrated by successful completion of the Fundamentals of FHS Education or Refresher FHS Education within the preceding **two (2) years** of the workshop;
- Upon acceptance to the FHS instructor workshop – Review of the online manual and completion of the FHS online exam available through UBC CPD within the preceding **three (3) months** of the course. If it has been longer than three months, you will need to re-take the exam prior to the course.

If you are uncertain regarding your eligibility, please contact Suzanne Staudinger at [MatChildKMU@saskhealthauthority.ca](mailto:MatChildKMU@saskhealthauthority.ca) or at 306-655-2543.

The application process requires the following:

**Completion of the NRP Instructor Course Application Form, which includes:**

**Page 2** Information we require to confirm your eligibility

**Page 3** Overview of your experience in obstetrical care and professional development related to FHS.

**Institutional Support Form** completed and signed by your Manager or Administrative Head establishing support for NRP and your role as NRP Instructor in your organization.

**Once your application is complete, please send to:**

Suzanne Staudinger

Perinatal Outreach Coordinator – Saskatchewan Health  
Authority

Maternal and Children's Provincial Program  
FHS/SBF Canada Steering Committee - Saskatchewan  
representative

Phone: 306-655-2543

Send Application via e-mail to:

[MatChildKMU@saskhealthauthority.ca](mailto:MatChildKMU@saskhealthauthority.ca)

## FHS Instructor Course Application Form

First Name

Last Name

Mailing Address:

City:

Province:

Postal Code:

E-mail Address

Phone Number

*Mandatory for all course correspondence*

Organizational or Institutional Affiliation:

**Please check all that apply to confirm your eligibility.**

I am currently licensed as a:

Registered Nurse

Registered Midwife

Family Physician

Obstetrician Gynecologist

Maternal Fetal Medicine Specialist

Other

### Confirmation of recent experience

I have a minimum of two years' recent experience as an obstetrical care provider.

**Confirmation of completion of Fundamentals of FHS OR Refresher FHS Workshop** (within two years of the workshop)

I have completed a Fundamentals of FHS Workshop.

I have completed a Refresher of FHS Workshop.

I have included a copy of the FHS Workshop Attendance Certificate with the application submission.

### Confirmation of completion of online exam

I have reviewed the online manual and completed the FHS Online Exam through UBC CPD within **3 months** of the workshop

I have included a copy of the FHS Exam Certification with the application submission.

I need to take the FHS Online Exam. I understand that **verification of successful completion is required** prior to the course.

**Confirmation of ongoing interest in FHS; I will**

Offer FHS Instructor educational programs in our facility/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.

**Confirmation of institution or organization support.**

I have support from my institution or organization to become an FHS Instructor. *Please submit the completed "FHS Confirmation of Institution Support Form".*

I have included the Confirmation of Institutional Support Form with the application submission.

Please describe your experience in caring for obstetrical patients and the fetus in assessing, interpreting, and inter-professional team work during fetal health surveillance.

*(NOTE: Relevant experience in obstetrical care is a requirement for becoming an FHS Instructor).*

Describe your current area of clinical practice and how it relates to your interest in becoming an FHS Instructor. How do you see your role as an FHS Instructor contributing to the development and mentorship of health professionals in your facility?

***In addition to completing FHS***, in what way have you planned to maintain currency in FHS practices and education?

**Once you are approved you will receive an email to direct you to register for the FHS Instructor Workshop through the University of Saskatchewan CME department. You will then receive further information regarding the workshop. Thank you for taking the time to complete and submit this application.**

## INSTITUTIONAL SUPPORT – FHS Instructor Course

**Please have the following completed by your Administrator or Manager.**

I am writing this letter in support of \_\_\_\_\_'s request to become an FHS Instructor for

The Applicant meets all of the following eligibility requirements:

- Current licensure as an RN, MD, or RM
- Relevant and recent obstetrical experience consistent with professional scope of practice
- Current educational and/or clinical responsibility within the institution above

I am confident that \_\_\_\_\_ will:

- Implement FHS Education Programs in our facility or institution in accordance with national guidelines
- Mentor and be a resource for FHS Providers/Instructors within our institution and province
- Demonstrate the requisite knowledge, skills and confidence to work with members of the inter-professional team
- Emphasize in FHS Fundamentals and Refresher Education Programs to participants that courses provide skills practice and context but does not confer certification or indicate competency

I am aware that support may be requested to cover the cost of the FHS Instructor workshop fee, online exam fees, and registration with FHS/SBF Canada.

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

Should you have any questions do not hesitate to contact me.

Manager or Administrator Name:

Title within facility or organization:

Date:

Signature

X \_\_\_\_\_