Instructor Responsibilities Form AWHONN Fetal Heart Monitoring Education Programs

Instructors for the AWHONN Fetal Heart Monitoring Education Programs are independently employed and licensed professionals. However, because of their association with AWHONN, while presenting the *Fetal Heart Monitoring Program Courses* each Instructor must:

- 1. Affirm the accuracy of the information presented on the Biographical Data Form.
- 2. Present the Fetal Heart Monitoring Program Courses, as described in the materials for presenters.
- 3. Maintain Instructor status by:
 - a) maintaining current AWHONN membership
 - b) Intermediate Instructors teaching a minimum of two Intermediate Fetal Heart Monitoring Courses in two years (a minimum of 25% of each to include lecture and skills stations);
 - c) Advanced Instructors teaching a minimum of two Advanced Fetal Heart Monitoring Courses in two years (a minimum of 25% of each course);
 - d) Instructors who teach both Intermediate and Advanced Courses teaching a minimum of one each within two years (minimum of 25% of the Intermediate to include lecture and skills stations and 25% of the Advanced).
 - e) teaching in accordance with the policies and procedures governing the Fetal Heart Monitoring Programs, as described in the Instructor Manuals and The Beat Goes On. Instructors are solely responsible for the quality of their presentations, in accordance with professional standards of practice.
 - f) maintaining participant feedback scores of at least 3.0 on all components of each course presented.
- 4. Support the Fetal Heart Monitoring Education Programs in public arenas. This includes providing factual information about the programs and notifying prospective audiences about the AWHONN programs.
- 5. Avoid actual, potential or perceived conflicts of interest. Instructors may not inappropriately use their involvement in AWHONN activities to further personal business or other interests. It is recognized that Instructors are experts in fetal monitoring and adult education and may have other teaching commitments through an employer, proprietary organization, or entrepreneurial endeavor. Involvement in these activities is not considered a conflict of interest, provided that Instructors do not engage in any of the actions set forth below or other inappropriate conduct.
 - a) Provide information about other programs when approached to teach AWHONN programs,
 - b) Use affiliation with AWHONN to promote non-AWHONN activities,
 - c) Create the impression of serving as an agent of AWHONN without specific prior written approval, or

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d) Use AWHONN Fetal Heart Monitoring Programs materials in any other program.

I understand and accept the responsibilities listed above.		
Name (please print)		
Signature	Date	

Please return this form to jweaver.rn@sbcglobal.net

AWHONN Association of Women's Health,



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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

Please complete the following:

1. Name ___

- · 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, antepartum, 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 3 years of Intermediate Instructor Course application with **documentation of course validation**, including dates and course numbers.

AWHONN Member Number_____

	Date	Location	Course Number
ntermediate FHM Course			
Advanced FHM Course			

Date	Titles	Providers	CNE Provided
			☐ Yes ☐ No
			☐ Yes ☐ No
	900		☐ Yes ☐ No
			☐ Yes ☐ 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.

D	ates (e.g. 2000-present)	Description of experience, clinical involvement and/or responsibilities for evaluation of FHM clinical skills of others	Indicate all that apply:
			 Experience Clinical Involvement Responsible for evaluation of clinical skills of others
			 Experience Clinical Involvement Responsible for evaluation of clinical skills of others
			 Experience Clinical Involvement Responsible for evaluation of clinical skills of others
			 Experience Clinical Involvement Responsible for evaluation of clinical skills of others
			 Experience Clinical Involvement Responsible for evaluation of clinical skills of others
Use the s	space below to briefly des lated to teaching fetal hea	cribe any additional professional experiences or rt monitoring not described above (e.g., present	areas of expertise (including publicaer or content expert.)
Instruct	or Candidate Signature		Date
Instruct	or Trainer Signature		Date

Please return this form to jweaver.rn@sbcglobal.net





AWHONN Biographical Data Form

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

Name	
Preferred Telephone	
Home Telephone () Work Telephone () Email Address Present Position (title and description) Education (include basic preparation through highest degree completed) Degree Institution (Name, City, State) Major Area of Study	
Present Position (title and description) Education (include basic preparation through highest degree completed) Degree Institution (Name, City, State) Major Area of Study	
Education (include basic preparation through highest degree completed) Degree Institution (Name, City, State) Major Area of Study	
(Name, City, State)	Year Degree Awarded
	roar Bog. oo / mar aou
Currently licensed in good standing in: (list states/provinces) Are there any reasons why your qualifications to serve as an instructor or to paper program might reasonably be challenged? No	
☐ Yes (explain)	

