

This workshop is for the newer labor & delivery nurse who has minimal knowledge of fetal monitoring. The content will include an introduction to basic principles, physiology, and strip reviews.

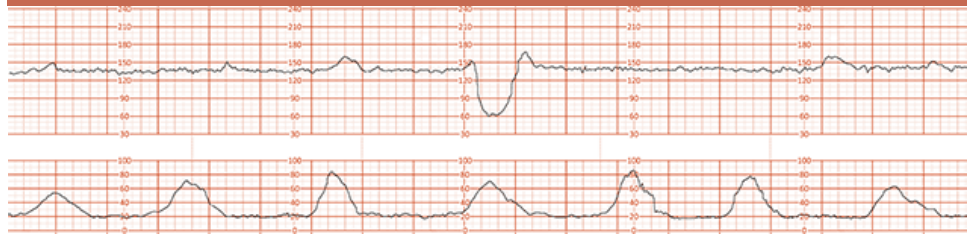
For further information, contact Paula Welde by phone at (603) 663-3052 or by e-mail at awhonnnh@gmail.com.

This workshop is jointly provided by NH AWHONN and Elliot Hospital Department of Clinical Education.

6 contact hours will be awarded

Elliot Health System is an approved provider of continuing nursing education by the Northeast Multistate Division, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Basic Fetal Monitoring



September 27, 2019

Registration: 8:45 am

Workshop: 9:00 am – 3:30 pm

Location:

3rd floor Conference Room B (NH Mutual)
Concord Hospital, 250 Pleasant St, Concord NH

Registration:

Register via Eventbrite at
www.awhonn.org/group/NewHampshire.

AWHONN MEMBERS - \$50 (membership # required)
NON-MEMBERS - \$75
STUDENTS - \$40 (must show student ID)

Cancellations and refunds:

If you will not be able to attend, please notify NH AWHONN at least 7 days ahead of event. A processing charge of 25% of the fee will be assessed. No refund will be made for less than 7 days' notice.

Instructor:

Melanie Tidd, RN is an AWHONN Fetal Monitoring Instructor and has been providing fetal monitoring education to nurses, residents and OB care providers since 2009. Her passion for fetal monitoring, along with her clinical experience, enables her to be an engaging and dynamic instructor. Melanie is currently serving as a member of the NH AWHONN's Coordinating Team.

REGISTRATION

Register online via Eventbrite at www.awhonn.org/group/NewHampshire or mail registration form to:
Nicole Pendenza, Catholic Medical Center, 100 McGregor St, Manchester, NH 03102.
Checks made payable to NH AWHONN. No confirmation of registration will be sent.

Basic Fetal Monitoring workshop: September 27, 2019

Name: _____ Title: _____

Organization: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

AWHONN Member # (required for member pricing): _____

E-mail: _____