This conference is designed to provide instruction concerning the use of electronic fetal monitoring. It will include basic how-to information related to interpreting monitor tracings, along with the nursing responsibilities applicable to fetal monitoring.

The course will be directed toward nurses working in labor and delivery, however, all are welcome.

It is recommended that participants read some material on basic fetal monitoring before attending this course.

PLANNING COMMITTEE
Sue Johnson, MSN, RNC-OB, C-EFM
Laurie Steyer, BSN, RNC-OB, C-EFM
Beth Bortz, MSN/Ed, RNC-EFM
Diana Tolles, MSN/Ed, RNC-OB
Rebecca Ranzau, BSN, RN
Jaime Moreno, RNC-OB
Jennifer Hovest, MSN, RNC-OB, C-EFM
Stephanie Niese, RN

QUESTIONS:
Carol Wilhelm
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REGISTRATION:
The fee is $25 for employees of Consortium member hospitals and $75 for all others if registered on or before January 31, 2017 and $30 for employees of Consortium member hospitals and $80 for all others if registered after January 31, 2017. This includes a light continental breakfast, continuing education credit, and conference materials. Lunch is on your own.

Refunds are available if notification at least 48 hours prior to the conference is provided. Leave a voice mail message anytime and your call will be confirmed the following day. Substitutes are accepted anytime.

LOCATION:
For directions to the hospital go to www.perinatalconsortium.org and select the link to Wood County Hospital, Bowling Green, Ohio. Park and enter the main entrance.

CREDITS:
ProMedica (OH-069/4-1-18) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

An award of 6.66 contact hours is available to those who attend the entire day.
Basic Electronic Fetal Monitoring

Wednesday, February 1, 2017

Name: ______________________________ (please print)
Title: ______________________________
Position: ____________________________
Employer: ____________________________
Mailing address: ______________________
City, State, Zip: _______________________
Business Phone: _______________________
Phone: _______________________________
E-mail: _______________________________
Registration Fee:
Registered on or before 01/31/2017:
$25 staff of member hospitals
$75 all others
Registered after 01/31/2017:
$30 staff of member hospitals
$80 all others

Consortium Points __Approved by ___________________
☐ Check enclosed (to ProMedica Toledo Hospital)
☐ Master Card ☐ Visa ☐ Other____________________
Card
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Amount: _____________________________
Authorizing Signature: ________________________

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