

Prenatal Class Program Facilitator Application



Name: _____ Unit: _____

Number of years in profession: _____

Years of clinical experience with Newborn feeding: _____

Years of clinical experience in Labour & Delivery: _____

Qualifications:

1. Briefly describe your experience in Newborn feeding.

2. Briefly describe your experience in Labour & Birth.

3. Please list any other relevant qualifications:

4. Why do you wish to become a Prenatal Class Program Facilitator?

On behalf of TBRHSC, thank you for applying to become a Prenatal Class Program Facilitator! We will get back to you as soon as possible on the status of your application and the next steps.