

Training Announcement:

Forensic Nurse Examiner Training Course for Adolescent/Pediatric Population

<u>Description:</u> This course is a structured 40 hour didactic course to train the experienced RN to perform forensic examinations on patients age 12 years and younger. Some components include self-paced learning modules that are completed outside of the classroom setting. There is a clinical component of 32 hours that is self-directed and must be completed in addition to the didactic coursework to submit for the Maryland FNE-P certificate. This program has been approved by the Maryland Board of Nursing and has been submitted for approval to the International Association of Forensic Nurses.

Location: On line/virtual training

Dates: November 12, 13, December 1, & 2, 2020 (All dates are required)

Times: 08:00am – 05:30pm

Cost: \$250

Pre-requisite: Attendee must have completed a MBON-approved Adolescent/Adult FNE Training program of at least 40 hours prior to this course.

Includes all course materials:

- ➤ The American Association of Critical-Care Nurses contact hours for <u>40.00</u> hours
- ▶ Peer reviewed texts & workbooks for each participant.
- > A pad folio with tools and handouts.
- ➤ Links to references within the learning management system.

Class size is limited. For questions about the training, please contact:

Pamela Holtzinger, DNP, RN, CEN, FNE A/P, SANE-A, SANE-P, AFN-BC

Course Director

pholtzinger@frederick.health

240-566-3416

This activity has been submitted to the International Association of Forensic Nurses for approval to award contact hours. The International Association of Forensic Nurses is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation. This program is partially funded by the Violence Against Women Grant Program and the Maryland Governor's Office of Crime Prevention, Youth, and Victim Services.



REGISTRATION FOR THE FORENSIC NURSE EXAMINER TRAINING COURSE FOR ADOLESCENT/PEDIATRIC POPULATION:

Name:		
Address:		
Email Address:		
Phone:() Mol	oile/Home/Work/Bes	t contact
Phone:() Mol	oile/Home/Work/Bes	t contact
Employer:		_
Are you currently affiliated with a Forensic Nurs	se Program? Y	N
(If so, list program)		
Have you practiced at least 18 months as an RN?	Y	N
Are you planning on working as an FNE-A in M	aryland? Y	N
Are you currently a member of IAFN?	Y	N
RN License Number:		-
Forward the fee and completed registration to:		

Dr. Pamela Holtzinger
Frederick Health Hospital
Forensic Nursing Services Division
400 West 7th Street
Frederick, MD 21701

Or forward copy to $\underline{pholtzinger@frederick.health}$