



Forensic Nurse Examiner Training Registration

Class you are registering for :

- Adult FNE Course
- Pediatric FNE Course
- Clinical Skills Training (Dates _____ & _____)

Name: _____

Address: _____

Best Phone Contact: _____ (Home/Mobile/Work)

Best email address: _____ (Personal/Work)

_____ (Personal/Work)

What name would you like on your certificate? _____

Employer: _____

Do you have at least 18 months experience as an RN? Yes or No

Do you work there in the capacity of an FNE? If Yes, Where? _____ No

If registering for Pediatric course, where did you obtain your original FNE A training? _____ When? _____

Please return this form to Dr. Pamela Holtzinger at pholtzinger@frederick.health.

Any questions, call 240-566-4357.

Forensic Nursing Services

400 West 7th Street • Frederick, Maryland 21701 (Ph) 240-566-3416 (Fx) 240-566-3061