

ENA™

EMERGENCY NURSES
ASSOCIATION

TNCC™

TRAUMA NURSING CORE COURSE

An ENA Course

Course Director:

Monica De Rui RN, MSN

Course Dates:

Saturday November 20, 2021

0800-1700

Sunday November 21, 2021

0800-1700

To Register:

Email monica.derui@icloud.com

Registration Deadline: October 23 2021

Location

Kelowna General Hospital

2268 Pandosy St.

Kelowna, BC V1Y 1T2

**(videoconference to Royal Inland Hospital
available—maximum 6 attendees)**

Cancellation

Full Refund until **October 23** minus 20\$ Service Fee; if you have received your book it must be returned at your expense in

'like new condition'

Cancellation **October 24-November 13** is tuition minus Cost of your book (150\$); Cancellations after **November 13** is with no refund but moved to another course



The Emergency Nurses Association is accredited as a provider of continuing education by the American Nurses Credentialing Center's Commission on Accreditation.

The Emergency Nurses Association is approved by the California Board of Registered Nursing, Provider #2322.

This 8th edition TNCC provider course has been approved for 18.3 contact hours for RNs.

INTRODUCTION

The Trauma Nursing Core Course (TNCC) is a one and a half day course developed by the Emergency Nurses Association to present a firm foundation in trauma nursing and to provide nurses with core or basic trauma cognitive knowledge and psychomotor skills that are associated with the delivery of professional nursing care to the trauma patient. The goal of TNCC is to improve trauma patient outcomes by providing nurses with foundational trauma knowledge, skills, and a systematic Trauma Nursing Process to guide trauma patient care. Verification of successful course completion is based on passing the written exam and the Trauma Nursing Process (TNP) psychomotor skills station. Verification is valid for four years.

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PRE-REQUISITES

Participants must be an RN and possess a current unrestricted nursing license to receive verification.

It is preferred that participants have at least six months of clinical nursing experience in an emergency care setting before attending the course. It is assumed that the course participant possesses generic nursing knowledge, has an understanding of emergency care terminology, and has familiarity with standard emergency equipment.

REGISTRATION

Pre-registration is required

Participant seats are limited based on instructor-to-student ratios. Seats will be assigned to paid registrants in the order registration fees and materials are received. Cancellations must be received in writing 15 working days prior to course date or registration fees will not be refunded.

Pre-course preparation is essential. This includes completing the online modules and studying the 8th edition TNCC Provider manual.

Email address is REQUIRED to complete on-line modules and for course confirmation.

Tuition

ENA or NENA Member Members: \$ 550.00

(Include copy of current card)

Non ENA or NENA members \$600.00

LPN's/ Students/Paramedics/EMR's: 400\$

Fee includes all course materials.

Course materials will be available for pick up or mailed to the participant upon payment of tuition

Payment may be made by e- transfer to:

monica.derui@icloud.com

(must accompany the registration form or an email containing information on the form)

Cheques should be made payable to:

Monica De Rui

Mailed to: 4419 Bellevue Dr, Vernon, BC V1T9Y4

Registrations needs to be received no later than 30 days before the course so that your book can be sent

We reserve the right to cancel the course due to low registration and/or circumstances beyond our control.

All Pandemic Precautions will be followed and orders will be complied with up to and including late cancellation of course based on current situation.

A \$50 fee will be assessed for any cheques returned by the bank; then payment by money order, cash or e-transfer will be required.

Directions for travel, parking, class location, and the provider manual will be sent along with your regis-

Registration Form

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS (Required) _____

EMPLOYER _____

DEPARTMENT _____

RN License Number/ Province _____

ENA/NENA Membership Number _____