

ENA™

EMERGENCY NURSES
ASSOCIATION

TNCC™

TRAUMA NURSING CORE COURSE

An ENA Course

Course Director:

Monica De Rui RN, MSN

Course Dates:

Saturday September 14, 2019

0700-1600

Sunday September 15, 2019

0700-1400

To Register:

Email monica.derui@icloud.com

Location

Port Hardy Hospital

9120 Granville Street

Port Hardy, BC

Cancellation

Full Cancellation until August 15/19 minus
20\$ Service Fee;

Book must be returned in 'like new condi-
tion' if you are withdrawing/canceling oth-
erwise you are responsible for the 150\$ cost.

Cancellations after August 15, 2019 only by
substitution with another student



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: \$475.00

(Include copy of current card)

Non ENA or NENA members \$525.00.

LPN's/ Students/Paramedics/EMR's: 350\$

Fee includes all course materials and light snacks

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)

Checks should be made payable to:

Monica De Rui

Mailed to: 6-5101 19th St, Vernon, BC V1T9V8

Registrations needs to be received no later than 14 days before the course

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

Course materials/directions will be mailed by the course director once payment is received.

A \$50 fee will be assessed for any cheques returned by the bank; then payment by money order will be required.

Directions for travel, parking, class location, and the provider manual will be sent along with your registration confirmation.

Registration Form

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS (Required) _____

EMPLOYER _____

DEPARTMENT _____

I have been approved to attend on a seat funded by Port Hardy Leadership; I am aware that if I fail to attend, Port Hardy Hospital is responsible for payment of tuition

_____ YES _____ NO (please Initial)

RN License Number/ Province _____

ENA/NENA Membership Number _____
