



TRAUMA NURSING CORE COURSE

May 21, 22, 23, 2010

May 21 - 12:30 p.m. - 6:00 p.m.

May 22 - 8:00 a.m. - 6:15 p.m.

May 23 - 8:30 a.m. - 12:45 p.m.

UNIVERSITY HOSPITAL
4502 MEDICAL DRIVE
5TH FLOOR LEARNING RESOURCES CLASSROOM
SAN ANTONIO, TEXAS, 78229

Course Description:

The Trauma Nursing Core Course (TNCC) developed by the National Emergency Nurses Association is a 16-hour course designed to provide the Registered Nurse with core trauma information and psychomotor skill experiences. The course content is presented through lectures and six psychomotor skill stations. Evaluation includes a written multiple-choice exam from lectures/skill stations content and the Trauma Nursing Process psychomotor test station is designed to evaluate critical thinking skills.

In order to maximize success in the course, it is recommended that the Registered Nurse participant have at least six months of clinical nursing experience in an emergency care setting.

REGISTRATION:

Registration is limited. All registration must be arranged in advance and there will be no on-site registration. Deadline date for registration will be **April 10, 2010**. Registration will be handled on a first come, first serve basis, so please confirm your place as soon as possible. **There are no refunds after manuals have been distributed and an additional \$50 will be charged to reschedule in a future course.** Since room temperature can vary, please bring a light jacket or sweater.

FEE: \$225.00 for Non-ENA Members \$200.00 for ENA Members
Price has increased due to the printing cost of the 6th edition manual

PARKING: University Hospital - Medical Center Drive entrance. Please bring your parking ticket to class for validation.

CECH: 14.42 CECH awarded by the Emergency Nurses Association

COURSE SPONSOR: San Antonio Chapter, Emergency Nurses Association

HOST FACILITY: University Hospital

COURSE DIRECTOR: Susan M. Douglass, MSN, RN, CEN
TNCC Instructor & Course Director

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Checks payable to E.N.A., San Antonio Chapter, TNCC

Please print information

Name _____ ENA# _____
Address _____
City/State _____ ZIP _____
Institution _____ Nursing Unit _____
Daytime Phone Number _____ Evening Phone Number _____
Mail to: Susan Douglass, MSN, RN, CEN, 3539 Huntwick, San Antonio, Texas 78230

FOR INFORMATION CALL (210) 358-4272, 8:30 AM - 5:00 PM