

TNCC– Trauma Nursing Core Course 2012
8:00 am -5:00pm
Pre-registration is REQUIRED!

FEE MUST BE ATTACHED TO RE-SERVE A SPACE IN CLASS

Class Fee: \$265 6th Edition TNCC book \$55

Complete the registration form and submit with course and book fee to:

**EMT Associates
2275 Rocky Lane
Eugene, OR 97401**

The fee covers course instruction, handouts, and the National ENA verification fee.

TNCC Provider Verification if for 4 years.

Lunch is on your own.....

Cancellation Policy

Cancellations made 3-7 business days prior to class will be charged a \$50.00 processing fee. "No Call/No Shows" and late cancellation will be responsible for full payment. We understand emergencies do happen. Please call us to discuss your situation and we may be able to reschedule your class.

TNCC PROVIDER

TNCC Provider 08:00AM - 5:30PM	
<input type="checkbox"/>	January 26-27
<input type="checkbox"/>	February 22-23
<input type="checkbox"/>	March 13-14
<input type="checkbox"/>	April 4-5
<input type="checkbox"/>	June 28-29
<input type="checkbox"/>	August 22-23
<input type="checkbox"/>	September 27-28
<input type="checkbox"/>	October 29-30
<input type="checkbox"/>	November 28-29
<input type="checkbox"/>	December 12-13

14.42 hr CEU's will be awarded

The ENA is accredited as a provider of continuing nursing education by the American Nurses Credentialing Centers Commission on Accreditation.

"In accordance with the Americans with Disabilities Act, please advise if you have any disability that requires special materials and/or services so that appropriate personnel can be advised.

NEW 6th EDITION

2012 TNCC

PROVIDER

Trauma Nursing Core Course

Sponsored By:



**The Allied Building
1126 Gateway Loop, Suite 112
Springfield, Oregon 97477**

**Office (541) 844-1328
Cell (541) 430-7149
*May Text or Call**

mavemtrn@comcast.net

www.emtassoc.com

Name _____

E-Mail _____

***Pre-Course information will be E-Mailed to you**

Phone _____

Class Date you will attend:

***Your privacy is important to us and you information will NOT be sold or shared.**

Address _____

City _____

State _____ Zip _____