

# Trauma Nursing Core Course (TNCC)

## May–December 2018

The **Trauma Nurse Core Curriculum (TNCC) 7<sup>th</sup> ed.** Program is a 2-day standardized course providing the learner with core-level trauma knowledge and psychomotor skills associated with implementing the trauma nursing process. The TNCC teaches a systematic approach for the care of the injured patient.

The course includes new mandatory pre-course Online Modules: Bariatric Trauma Patient, Interpersonal Violence Patient, Older Adult Trauma Patient, Pregnant Trauma Patient, Biomechanics, Kinematics, and Mechanisms of Injury.

**July 10-11, from 7:30 a.m.–5:30 p.m.**

**October 9-10, from 7:30 a.m.–5:30 p.m.**

**December 4-5, from 7:30 a.m.–5:30 p.m.**

**Note: Due to construction activity at Rivercrest Plaza, course location is subject to change. Registered students will be notified should this occur.**

*This program has been approved by Emergency Nurses Association for a total of 17.65 contact hours, which includes 2.24 contact hours for the pre-course online modules. The ENA is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission of Accreditation.*

**Course Fees: Pre-registration and payment is required.**

**Health First Associate Fee: \$280.00**

**Public Fee: \$325.00**

**Registration: Please see reverse side of this flyer for registration information.**

**ENA suggests participants register 6 weeks prior to the course in order to allow sufficient time to read through the course manual.** Registration will be accepted up until the week before the course as long as slots are available. Our classes do fill quickly so in order to reserve your place, please register as soon as possible.

**Course Text:** Trauma Nurse Core Course, 7<sup>th</sup> ed. and the associated online modules are required and included in the course fee. Textbook may be picked up at Health First Training Center once your enrollment has been processed. **Bring a printed copy of your online modules completion certificate and your completed pretest with you the first day of the course. Please bring photo ID with you the day of your course.**

**Location:** All classes are held at the Health First Training Center, 3470 N. Harbor City Blvd., Melbourne 32935. We are located in Rivercrest Professional Center on US 1, between Post Rd. and Parkway Blvd.

**Contact:** Phone: 321.434.1960      [Training@Health-First.org](mailto:Training@Health-First.org)  
Fax: 321.254.0795      Inter-Office Mail: Training Center, Rivercrest

**Cancellation must be made 7 days prior to program to avoid forfeiture of the entire registration fee.**

An administrative fee of \$75.00, which includes the course manual, will be deducted from **all** refunds. Refunds will be processed within 30 days. Program no-shows will result in a 100% forfeiture of tuition fees.

*TNCC may be officially attended by RNs but may be audited by other medical personnel. It is strongly recommended that the participant have at least six months of clinical nursing in an emergency care setting. It is assumed that the course participant possesses generic nursing knowledge, has an understanding of emergency care terminology, and is familiar with standard emergency equipment.*

## Registration Form

Name:		Contact Phone: (    )    -	
Mailing Address:		City:	State:
License Number:		Zip code:	
<b>E-mail Address (required):</b>			
Health First Associates Universal ID (Required) #: _____ Course Card Exp Date _____			
Non-Associates (Required): Birth Month ____ Birth Day ____ Last 4 digits of SSN ____			
<b>Course Name(s) and/or Textbooks:</b>	<b>Course Date(s):</b>	<b>Fee:</b>	
<b>Payment options are as follows and payment must be submitted with this registration form:</b>			
<b>Select One:</b>			<b>Amount Due:</b>
___ Cash, Check or Money Order (made payable to Health First Training Center)			
___ Credit Card (MC, Visa, Discover, Amex): # _____ Exp. Date: _____ CVV _____			
___ <b>Health First Associates Only—Payroll Deduction:</b> I authorize Health First to deduct over ___ One ___ Two ___ Three pay periods until the amount indicated is paid in full.			
<b>Cost Center Transfer:</b>  Manager Signature: _____  Cost Center #: _____ - _____ - _____		<b>Send form with payment to:</b> Health First Training Center 3470 N. Harbor City Blvd., Melbourne, FL 32935 E-mail address: <a href="mailto:Training@Health-First.org">Training@Health-First.org</a> Phone: 321.434.1960 Fax: 321.254.0795	

By signing this registration form, I acknowledge that if I cancel my registration, I must do so 48 hours prior to the program start time. Failure to cancel will result in the loss of my registration fee. Unless stated otherwise on program flyer a \$10 administrative fee will be charged for all refunds.

### Health First Associates:

- If the registration fee is being paid by my department and I fail to cancel 48 hours prior to the program, I acknowledge that I will become responsible for the registration fee which will be deducted from my paycheck.
- If there is no fee to attend the program, failure to cancel will result in a \$10 charge which will automatically be deducted from my paycheck. **NOTE: Exceptions for verifiable emergencies will be made on a case by case basis.**

I understand and agree that upon my severance of employment, whether voluntary or involuntary, any balance due for this deduction will be withheld from my final check and/or from pay out of accrued PL.

Signature (Required)

Date

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