

TRAUMA NURSE CORE COURSE – 7th Edition

The Trauma Nurse Core Course, sponsored by the Manhattan-Bronx Chapter of the Emergency Nurses Association will be offered at:

New York Presbyterian Hospital @ Columbia Presbyterian Center
622 West 168th St.
New York, NY 10032

Saturday, April 30th 2016 8:00am – 6:00pm (or until done) &
Sunday, May 1st 2016 8:00am – 6:00pm (or until done)

TUITION: Non-refundable ENA members-\$325.00 Non-ENA members-\$400.00

DEADLINE DATE FOR RECEIPT OF REGISTRATION: March 28th 2016 (unless class is full prior to this date)

OPEN to: RN's ONLY (a minimum of 6 months ER experience is recommended)

Please complete the registration form below and return it with a check or money order as soon as possible. The entire registration fee must accompany the registration form. To qualify for the member rate, ENA members must submit a photocopy of their current ENA membership card with this application and fee. Upon receipt of the above, you will be notified of your acceptance into the course **via your personal e-mail**.

Further information about the exact location, parking etc. will be sent to participants prior to the course. The TNCC manual will be sent to you approximately one month before the course.

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

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

Cancellation policy: Persons canceling more than 2 weeks prior to the first day of the course will receive a refund minus \$100.00 processing fee. No refunds can be made for cancellations received 2 weeks or less before the starting date of the course.

Meg Barry
TNCC Course Director

Manhattan-Bronx Chapter ENA
TNCC Provider Course Saturday April 30th 2016 & Sunday May 1st 2016

NAME: _____ ENA Membership # _____

ADDRESS: _____

TELEPHONE: HOME _____ WORK: _____

Shift you work: _____ **E-mail (Personal) no hospital** _____

Employer and Position: _____

MAIL TO: Meg Barry
688 Bogert Road
River Edge, NJ 07661

Make check payable to: ENA, Manhattan-Bronx Chapter

For questions or further information:
Email: Barryma@nyp.org
Call 212-305-2432 Mon to Fri 8am-4pm