

# Trauma Nurse Core Course Provider

## 2011 Dates

Thursday and Friday

March 31 - April 1

October 6 - 7

---



### *Course Description:*

The TNCC Provider is designed to provide core-level trauma knowledge and psychomotor skills associated with the delivery of professional nursing care to the trauma patient. This content is presented through lectures and psychomotor skill stations. The primary time frame for the TNCC Provider is a two-day (13.83 contact hour) course.

### *Attendees:*

Only RNs may officially attend TNCCP. It is recommended that attendees have at least one-year emergency or critical care experience.

### *Course Fee:*

\$200 Non-Shands HealthCare Nurses

\$185 Shands HealthCare Nurses

### *Two course dates in 2010:*

March 31- April 1, 2011 (7:30am-5pm)

*Registration Deadline: February 12, 2011*

October 6-7, 2011 (7:30am-5pm)

*Registration Deadline: September 1, 2011*

(Courses are limited to 18 participants)

*Cancellation Policy: Must have 10 business days notice prior to start of class.*



### *For Information call:*

*Michele K. Ziglar, RN, MSN*

*Trauma Program Manager*

*Phone: 352-733-0872*

*Fax: 352-733-0873*

*Email: [ziglam@shands.ufl.edu](mailto:ziglam@shands.ufl.edu)*

*[Morrix@shands.ufl.edu](mailto:Morrix@shands.ufl.edu)*

# Trauma Nurse Core Course Provider

**2011 Dates**  
**Thursday and Friday**  
**March 31- April 1**  
**October 6-7**

**Shands at the University of Florida  
 Gainesville, Florida**



**UF&Shands**  
 The University Of Florida Health System

Shands at the University of Florida  
 C/o Michele Ziglar, RN, MSN  
 Trauma Program Manager  
 P O Box 100108  
 Gainesville, Florida 32610

Trauma Nurse Core Course Provider (TNCCP) <input type="checkbox"/> \$200 Non-Shands UF Employees <input type="checkbox"/> \$185 Shands UF Employees <input checked="" type="checkbox"/> Appropriate Tuition	Mail to: Shands at the University of Florida C/o Michele K. Ziglar, RN, MSN Trauma Program Manager P O Box 100108 Gainesville, FL 32610-0286	<input type="checkbox"/> <b>March 31-April 1, 2011 (7:30am-5pm)</b> Registration Deadline: February, 15, 2011 <input type="checkbox"/> <b>October 6-7, 2011 (7:30am-5pm)</b> Registration Deadline: September 1, 2011 <input checked="" type="checkbox"/> Select one Course
--	--	---

Tuition must be received with application (Make checks payable to South Eastern Healthcare Foundation)

Name: \_\_\_\_\_ ENA# \_\_\_\_\_ RN# \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Hospital/Affiliation: \_\_\_\_\_ Specialty/Unit: \_\_\_\_\_