

Southeastern
Ohio Regional
Medical Center

Professional
Trauma
Education 2010

TNCC Primary Course



Date: 3/3/10 and 3/10/10
Time: 7:00 a.m. - 5:00 p.m.
1341 N. Clark Street
Cambridge, Ohio 43725
Place: Morrison Room

Southeastern Ohio Regional Medical Center

1341 North Clark Street
Cambridge, Ohio 43725

Overview

Trauma continues to be the leading cause of morbidity and mortality in the 10-44 age group, killing more young Americans than cancer, heart disease, and stroke combined. Trauma claims a life every six minutes and is responsible for serious disability every three seconds. Yet more people are surviving critical injuries than ever before. This is due to the training of expert trauma care providers with advanced trauma skills.

Southeastern Ohio Regional Medical Center (SEORMC) is pleased to coordinate professional educational opportunities for trauma physicians, nurses, and emergency medical professionals.

Only registered nurses may participate in the testing of the psychomotor skill stations and the multiple choice examination.

SEORMC is a Central Ohio Trauma System (COTS) member. This program is coordinated with the Emergency Nurses Association (ENA), which is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.



Registration

- Class sizes are limited.
- Fee is \$200.00 for the two-day course, which includes course manual and written materials.
- Registration may be made by mail or in person with check, money order, or cash.
- Make checks payable to SEORMC.
- We prefer to not accept final registrations by telephone, but may do so with exceptions.
- Registration is on a first-come, first-serve basis with submission of completed registration form and payment.
- For questions contact Denise Phillips MSN RNBC at 1-740-435-2710 or by e-mail: dphil@seormc.org.

Cancellation Policy

Cancellations within 35 working days of the course will be subject to a \$100.00 administrative fee. No refunds will be given within 10 business days of the course date.

Note: Manuals will not be given to students unless tuition is paid in full.

Registration

(This form may be copied. Please print or type.)

Name: _____
Specialty: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone: _____
Work Phone: _____
Hospital: _____
Unit: _____

PAYMENT

Check payable to SEORMC

Money Order payable to SEORMC

Cash

