

**TNCC INSTRUCTOR COURSE
PARTICIPANT DATA FORM
May 5 evening (Pre-testing)
and May 6, 2010 (Course)**

Must be submitted no later than Feb 28, 2010 (class size is limited)

Name: _____

Address: _____

City: _____ State _____ Zip _____

Telephone: (Work) _____ (Home) _____

E-mail (required)

RN License Number (required) and state _____

Employment experience (please list current position first and include dates of employment) _____

Education (basic preparation through highest degree held): _____

Professional experience: _____

Continuing education offerings attended in the last two years: _____

Statement expressing commitment to and interest in teaching future TNCC courses:

Course Director in your area _____
(may leave blank if unsure)

Submitted: All are mandatory submission requirements

- ___ Copy **current** TNCC provider card
- ___ TNCC Course Data Form
- ___ Copy current nursing license
- ___ Letter indicating instructor potential from **Provider Course Director**
- ___ Fee \$250 if in state. \$350 if out of state (payment may be made online by credit card if accepted into class).

Please note that registration for the Spring Symposium does NOT constitute acceptance into the instructor course. Notification of acceptance into the instructor course will occur by March 31, 2010.

Please forward the application to:

Karin Buchanan
1555 Barrington Road
Attn: EMS/Trauma Department
Hoffman Estates, IL 60196

Or fax to 847-781-3913, attention Karin Buchanan or e-mail to Karin Buchanan at Karin.buchanan@stalexius.net