State of Illinois Trauma Nurse Specialist Program
APPLICATION

ENTRY LEVEL COURSE - CHALLENGE EXAM - REVIEW COURSE - RECERTIFICATION BY EXAM

Please type or PRINT—ALL fields required for a complete application

DEMOGRAPHIC / CONTACT INFORMATION			
LAST NAME:	FIRST:		MIDDLE:
ADDRESS:	CITY	STATE/ZIP	SS#
PREFERRED CONTACT #: ( )	EXT:	DRIVERS LICENSE #	
FAX NUMBER: ( )	E-MAIL:		
BIRTHDATE:	SPONSORING AGENCY:		
EMPLOYED BY:			
ADDRESS:	CITY:	STATE:	ZIP:
POSITION:	DEPARTMENT:		YEARS:
SUPERVISOR	TITLE:		PHONE: ( )

DESIRED TNS OFFERING

Indicate the TNS offering for which you are applying (CHECK ONLY ONE)

☐ FULL COURSE ☐ CHALLENGE EXAM ☐ REVIEW COURSE ☐ RECERTIFICATION BY EXAM

Challenge/ Recertification applicants:

Have you previously attempted the TNS EXAMS? ☐ Yes ☐ No **Results written**: ☐ Pass ☐ Failed that attempt

If yes, indicate location and date. **Results practical**: ☐ Pass ☐ Failed that attempt

PROFESSIONAL EXPERIENCE

Number of years you have practiced as a registered nurse in an acute care setting (strongly recommend 2 or more years):

RN License Number: ☐ Copy of RN license attached

Review Course and Recertification applicants ONLY: ☐ Copy of TNS license attached

Previous Trauma Education or Certification and Expiration Date: ☐ ATCN/ _____ ☐ ATLS/ _____ ☐ ITLS / _____

☐ PHTLS / _____ ☐ TCRN / _____ ☐ TNCC / _____ ☐ Other: _____

Have you ever licensed as a TNS? ☐ Yes ☐ No If TNS is expired, please expiration date here:

Briefly describe the type of professional nursing experience you have had since graduation, including the length of time spent in emergency and/or critical care.

APPLICANT SIGNATURE: DATE:

Fee: $300 **Make check payable to Northwest Community Hospital**

Send to: Connie J. Mattera, TNS CC May e-mail application to (cmattera@nch.org)
800 W. Central Rd.; Arlington Heights, Illinois 60005