



State of Illinois Trauma Nurse Specialist Program

APPLICATION

ENTRY LEVEL COURSE - CHALLENGE EXAM - RECERTIFICATION BY EXAM

Please type or PRINT CLEARLY—ALL fields / attachments required

DEMOGRAPHIC / CONTACT INFORMATION			
LAST NAME:	FIRST:	MIDDLE:	
Address:	City	State/ZIP	
DOB	SS#:	Driver's Lic. #	
Phone number: ()		E-MAIL:	
Employed by:		Tuition paid by: <input type="checkbox"/> Agency <input type="checkbox"/> Applicant	
Address:	City:	State:/ZIP:	
Supervisor		Title:	Contact info
DESIRED TNS OFFERING			
Indicate the TNS offering for which you are applying (CHECK ONLY ONE)			
<input type="checkbox"/> FULL COURSE <input type="checkbox"/> CHALLENGE EXAM <input type="checkbox"/> RECERTIFICATION BY EXAM			
Challenge/ Recertification applicants: Have you previously attempted the TNS EXAMS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Results written: <input type="checkbox"/> Pass <input type="checkbox"/> If failed: note dates & locations: _____			
Results practical: <input type="checkbox"/> Pass <input type="checkbox"/> If failed: note dates & locations: _____			
PROFESSIONAL EXPERIENCE			
Eligibility per IDPH Rules: The TNSCC shall admit to the TNS course only those individuals who have met the following requirements:			
1) Are currently licensed as an RN in the state in which they are practicing, as verified by the submission of a photocopy of the official license showing the license number and expiration date; and			
2) Have at least 1500 hours of clinical care experience in an ED or critical care unit as an RN, with successful completion of a unit orientation.			
Number of years (or hours worked if part-time) applicant has practiced as an RN in the: ED _____ Critical care unit: _____			
Unit orientation has been successfully completed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
RN License Number:		<input type="checkbox"/> Copy of RN license attached	
Review Course and Recertification applicants ONLY:		<input type="checkbox"/> Copy of TNS license attached	
Previous trauma education/certification & expiration date: <input type="checkbox"/> ATCN _____ <input type="checkbox"/> ATLS _____ <input type="checkbox"/> ITLS _____			
<input type="checkbox"/> PHTLS _____ <input type="checkbox"/> TCRN _____ <input type="checkbox"/> TNCC _____ <input type="checkbox"/> Other: _____			
Have you ever been licensed as a TNS? <input type="checkbox"/> Yes <input type="checkbox"/> No If TNS is expired, note expiration date: _____			
APPLICANT SIGNATURE:			DATE:

Fee: \$325 Contact TNSCC for registration and payment information