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 mm/dd/yyyy	SS#:	Driver's Lic. #	
Phone number	**E-MAIL**:		
Employed by:		Tuition paid by: ☐ Agency ☐ Applicant	
Address:	City:	State:/ZIP:	
Supervisor	Title:	Contact info	

DESIRED TNS OFFERING

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

☐ FULL COURSE ☐ CHALLENGE EXAM ☐ RECERTIFICATION BY EXAM

Challenge/ Recertification applicants: Have you previously attempted the TNS EXAMS? ☐ Yes ☐ No

Results written: Pass If failed: note dates & locations:_____

Results practical: Pass 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 1040 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 orientation has been successfully completed: ☐ Yes ☐ No

RN License Number: ☐ Copy of RN license attached

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

Previous trauma education/certification ☐ ATCN ☐ ATLS ☐ ITLS ☐ PHTLS ☐ TCRN ☐ TNCC

Other:

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

Have you ever held an IDPH EMS license? (ECRN, PHRN, EMT) ☐ Yes ☐ No If YES, what type

APPLICANT SIGNATURE: DATE:

Fee: $325 Contact TNSCC for registration and payment information