

TNCC

Checklist for Texas ENA Faculty Status

Name: _____ TNCC Instructor # _____

Address: _____

City, State, Zip Code: _____

Email Address: _____ Phone # _____

1. How many years have you been a TNCC instructor? _____
2. How many TNCC Provider Courses have you taught in the past 4 years? _____
Usual locations where courses are taught _____
City _____ Course Director _____
3. How many TNCC provider courses are you planning to teach during 2015? _____
4. Are you a TNCC Course Director? _____
5. How many TNCC courses have you directed in the past 4 years? _____
6. What is your current TNCC Quality Assurance composite score? _____
(Score can be obtained for the National ENA Course operations - 1 800 900 9659)
7. How many years of emergency or critical care experience do you have? _____
8. Current title _____
9. Current ENA member Yes No If yes, ENA membership # _____
If you are an ENA member, please list chapter affiliation _____
10. Date of TNCC Instructor course observed _____ Mentor _____
11. Date of TNCC Instructor Course taught _____ Mentor _____
12. Copy of letter of intent to become TNCC State Faculty _____

Please use the following space to write a short statement that includes the follow information:

Any experiences or qualities that illustrate your ability and interest in mentoring /evaluating TNCC instructor candidates/teaching Instructor courses.

Please send completed form to Christine.russe@gmail.com – Texas ENA Trauma Chair