

Additional - EMERGENCY DEPARTMENT NURSES

List all registered nurses in the ED that are currently providing trauma care. Have available copies of certifications or CEUs.

Name	Initial TNCC/ TEAM completed.	Continuing Education		
		TNCC Expiration Month/ Yr	CEUs # of hours in the past 4 years	If new hire, write date of scheduled training
1	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2	<input type="checkbox"/> YES <input type="checkbox"/> NO			
3	<input type="checkbox"/> YES <input type="checkbox"/> NO			
4	<input type="checkbox"/> YES <input type="checkbox"/> NO			
5	<input type="checkbox"/> YES <input type="checkbox"/> NO			
6	<input type="checkbox"/> YES <input type="checkbox"/> NO			
7	<input type="checkbox"/> YES <input type="checkbox"/> NO			
8	<input type="checkbox"/> YES <input type="checkbox"/> NO			
9	<input type="checkbox"/> YES <input type="checkbox"/> NO			
10	<input type="checkbox"/> YES <input type="checkbox"/> NO			
11	<input type="checkbox"/> YES <input type="checkbox"/> NO			
12	<input type="checkbox"/> YES <input type="checkbox"/> NO			
13	<input type="checkbox"/> YES <input type="checkbox"/> NO			
14	<input type="checkbox"/> YES <input type="checkbox"/> NO			
15	<input type="checkbox"/> YES <input type="checkbox"/> NO			
16	<input type="checkbox"/> YES <input type="checkbox"/> NO			
17	<input type="checkbox"/> YES <input type="checkbox"/> NO			
18	<input type="checkbox"/> YES <input type="checkbox"/> NO			
19	<input type="checkbox"/> YES <input type="checkbox"/> NO			
20	<input type="checkbox"/> YES <input type="checkbox"/> NO			