



Application Date
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Applicant (physician, nurse practitioner, physician assistant or registered nurse):		
First Name	Last Name	Middle Initial

Facility Where Class was Held	Date of Class
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The above-named applicant has completed the following course(s):

CHECK APPROPRIATE BOX(ES):

\$125 Registered Nurse - Trauma Nursing Care Course (TNCC) full course

\$125 Registered Nurse - Advanced Trauma Care for Nurses (ATCN) full course

\$650 Nurse Practitioner or Physician Assistant - Advanced Trauma Life Support (ATLS) full course

\$750 Physician - Advanced Trauma Life Support (ATLS) full course

Upon successful completion of the above marked course, the hospital listed below has met the eligibility requirements of the Training Grant Funds Distribution -Trauma Tuition Policy of the Division of Emergency Medical Systems.

Hospital	Hospital EIN (Tax ID number)		
Street Address / PO Box	City	State	Zip Code
Email	Telephone Number	Fax Number	

Authorized Signature	Title
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<ul style="list-style-type: none"> <li>• <b>Submit a separate application for each course coordinated.</b></li> <li>• <b>Payment will be made to the hospital listed above.</b></li> <li>• Return completed form along with additional application requirements to:  ND Department of Health and Human Services  Emergency Medical Systems Unit  1720 Burlington Dr – Ste A  Bismarck ND 58504-7736  - OR -  dems@nd.gov</li> </ul>	<p><b><u>HHS USE ONLY</u></b></p> <p>Approved for Payment:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Registered Nurse - TNCC</td> <td style="text-align: right;">\$125.00</td> </tr> <tr> <td>Registered Nurse - ATCN</td> <td style="text-align: right;">\$125.00</td> </tr> <tr> <td>Nurse Practitioner or Physician Assistant - ATLS</td> <td style="text-align: right;">\$650.00</td> </tr> <tr> <td>Physician – ATLS</td> <td style="text-align: right;">\$750.00</td> </tr> </table>	Registered Nurse - TNCC	\$125.00	Registered Nurse - ATCN	\$125.00	Nurse Practitioner or Physician Assistant - ATLS	\$650.00	Physician – ATLS	\$750.00
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Trauma System Coordinator Approval	Date
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Unit Director Approval	Date
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