



# AIR & SURFACE TRANSPORT NURSES ASSOCIATION

**Fax to: ASTNA**  
**(800) 937-9890**

## Transport Professional Advanced Trauma Course Advanced Provider Registration Form (Form #3B)

Print and complete this application to register for the Transport Professional Advanced Trauma Course today. Classes are filled on a "first come, first serve" basis, and are subject to availability. **Payment must be received to reserve your space.** The ASTNA National Office will provide notification of acceptance and class status. ASTNA reserves the right to cancel courses up to 30 days in advance. ASTNA is not responsible at any time for hotel or travel related expenses a student may incur due to cancellation. Check the appropriate fee.

- Advanced Provider Course - ASTNA or IAFP Member  \$275.00
- Advanced Provider Course – Transport Program Affiliate (AARC, AMPA)  \$330.00
- Advanced Provider Course – Non-Member  \$375.00

Desired Course/Location/Date: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

RN License # / State: \_\_\_\_\_ / \_\_\_\_\_ ASTNA Membership #: \_\_\_\_\_

EMT-P or RRT # / State \_\_\_\_\_ / \_\_\_\_\_ IAFP/Affiliate Membership # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Program Affiliation: \_\_\_\_\_

I am actively involved in transport? Please circle YES NO CREDENTIALS: \_\_\_\_\_

I have \_\_\_\_ years of *Critical Care Transport experience*\*

- \* **Transport personnel:** *Transport experience is defined as hands-on patient care provided in a fixed, rotor, or ground vehicle.* Critical care transport experience is strongly recommended, as this is NOT a basic critical care transport course. It is an advanced educational experience for nurses, paramedics, and respiratory therapists.
- Current clinical practice in the following critical care skills is suggested: ADVANCED airway skills including Rapid Sequence Intubation, ventilator management, chest tube placement/management, use of vasoactive infusions, etc.
- **Non-Transport Personnel:** A minimum of 2 years critical care, emergency department, or critical care emergency service experience
- Current provider status in at least one of the following: PHTLS, ITLS, TNCC, or ATLS

**CANCELLATION OR CHANGE POLICY:** All cancellations or changes must be received in writing at [astna@astna.org](mailto:astna@astna.org). Cancellations received more than 45 days before the course date, will receive a full refund of the course fee minus a \$25 fee for administration. Cancellations 30 to 45 days from the course will receive a 75% refund of the course fee. Cancellations received 15 to 30 days from the course will receive a 50% refund of the course fee. Any cancellations received less than 15 days from the course date will not receive a refund. Any person who cancels more than 15 days before the course and has downloaded the electronic TPATC Manual or wishes to keep a purchased printed TPATC Manual will be deducted an additional \$75 Any transfers from one course to another course with a minimum of 60 days advance notice, or changes from one person to another in the same program will be accepted with an administration fee of \$25 per change. The registration fee (cash, check, charge, or purchase order) must be received before course materials can be mailed. A late fee of 15% will be assessed for registrations received **0-30** days of the course date.

**DISCLAIMER:** TPATC Advanced Provider Course is a fast paced 1 day advanced trauma course open to all transport personnel providing direct patient care during transport by ground or air. A minimum of six months transport experience is recommended prior to enrolling in a TPATC. Successful achievement of TPATC provider status requires preparation and study. ASTNA is committed to providing these materials no later than 30 days prior to the course. Those students enrolling in TPATC less than 6 weeks in advance may not receive course materials in time to adequately prepare. All course participants receive continuing education contact hours.

Signature: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV# \_\_\_\_\_

**VISA OR MASTERCARD ONLY**

Please make check payable to *ASTNA*, and mail to:  
ASTNA National Office, 13918 E. Mississippi Avenue, Suite 215, Aurora, CO 80012, or **fax to: 800.937.9890.**  
Questions? *Call:* Air & Surface Transport Nurses Association 303-344-0457