ENA
EMERGENCY NURSES ASSOCIATION

Course Evaluation Form

Course No. _____

For Office Use Only

*BEGIN WITH FIRST CIRCLE OF THIS SECTION

Email: _____

LAST NAME *	FIRST NAME *	MI

PRETEST
TNCC
7:e upplagan

MEMBER OF	Y	N
ENA - USA	Y	N
NENA - CANADA	Y	N
A&E, UN. KING.	Y	N
ACEN	Y	N
SWEDEN	Y	N
OTHER	Y	N

ENA - USA MEMBERSHIP #
0 0 0 0 0 0
1 1 1 1 1 1
2 2 2 2 2 2
3 3 3 3 3 3
4 4 4 4 4 4
5 5 5 5 5 5
6 6 6 6 6 6
7 7 7 7 7 7
8 8 8 8 8 8
9 9 9 9 9 9

YRS AS RN
0 0
1 1
2 2
3 3
4 4
5 5
6
7
8
9

REVERIFYING AS:	Y	N
PROVIDER	Y	N

SOCIAL SECURITY # (Last Four Digits)				
X	X	X	X	
0	0	0	0	
1	1	1	1	
2	2	2	2	
3	3	3	3	
4	4	4	4	
5	5	5	5	
6	6	6	6	
7	7	7	7	
8	8	8	8	
9	9	9	9	

Please continue to Page 2 and complete all necessary address information →

ANSWER SHEET

TNCC TEST FORM
A
B
C
D

ENPC TEST FORM
A
B
C
D
E
F

FOR INSTRUCTOR USE ONLY
Test Score: _____
Multiple Choice Exam: P F
Psychomotor Skills: P F

MARKING INSTRUCTIONS

USE NO. 2 PENCIL ONLY

CORRECT MARK ● INCORRECT MARKS ✓ ⊗ ◔ ⊙

- USE A NO. 2 PENCIL ONLY
- DARKEN THE CIRCLE COMPLETELY
- ERASE CLEANLY ANY MARKS YOU WISH TO CHANGE
- DO NOT MAKE ANY STRAY MARKS ON THIS FORM

1 C	11 A	21 D	31 C	41 C
2 B	12 A	22 B	32 B	42 A
3 C	13 B	23 A	33 D	43 D
4 B	14 B	24 D	34 B	44 C
5 B	15 A	25 A	35 A	45 C
6 B	16 C	26 C	36 D	46 B
7 D	17 C	27 C	37 A	47 C
8 A	18 D	28 A	38 B	48 D
9 A	19 B	29 D	39 D	49 C
10 D	20 C	30 B	40 A	50 A