



Trauma Register Course

This course is nationally recognized by the American College of Surgeons as comprehensive training for hospital-based trauma registrars.

It is designed for comprehensive training of every level of trauma registrar. Lectures are designed to build upon experience, program maturity, and institutional needs. This program also provides the trauma registrar with a desk reference, trauma related websites, and a study guide for the National Certification Exam.

A properly, nationally trained trauma registrar can accurately capture data that supports the trauma programs efforts in research, performance improvement & patient safety, and injury prevention

This benefits the hospital and trauma system by providing:

- Valid reports to help drive an efficient and effective performance improvement program to better patient outcomes, reduce complications, and increase patient satisfaction.
- Accurate reporting to regional, state, and national registries which allows for accurate benchmarking and ranking.
- Knowledge and ability to identify unclear or nonspecific documentation that accounts for under coding and unclaimed reimbursement dollars.
- Accurate injury severity scores and probability of survival scores as well as mortality, morbidity, expected verses observed outcomes.

Registration form attached.

American Trauma Society Educational Courses

Please print and Mail or Fax this form to:

American Trauma Society
7611 South Osborne Road
Suite 202
Upper Marlboro, Maryland 20772
Fax: (301) 574-4301
(800) 556-7890

Registration Fees:

TRC Distance Learning Material Per Person Fee:
(CEU application pending)

- ___ \$599.00 ATS member & employees at ATS Institutions
- ___ \$699.00 ATS Non-Member
- ___ \$499.00 State or Regional Organizations (10 or more)

Please check appropriate boxes:

Distance Learning Course Materials Number of Copies _____

Name & Credentials: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Payment Sources: (please circle one)

Visa Mastercard Check

Account # _____

Three digit security code on credit card: _____

Name: (as it appear on the credit card)

Expiration date: _____

Signature: _____

Total Amount Paid: _____

****The American Trauma Society will charge a \$50.00 administrative processing fee on all requested refunds.**