



# Trauma Outcome & Performance Improvement Course<sup>®</sup> (TOPIC)



**STN's TOPIC program is hosted by Central Texas Regional Advisory Council  
TSA-L**

**Date:** Friday, March 14, 2008  
8:00am - 4:30pm

**Location:** CTCOG Building  
2180 N. Main St.  
Belton, Texas 76513  
(254) 773-0200

**Contact:** Danielle Schmitz - (254) 770-2316  
CTRAC Executive Director  
[danielle.schmitz@TSA-L.com](mailto:danielle.schmitz@TSA-L.com)

**Costs:** \$75 for the course and materials  
Attendee is responsible for  
reservations and cost

**Please RSVP by Friday, March 7th, 2008**

The Society of Trauma Nurses is a licensed continuing education provider in the State of California Board of Registered Nursing. Provider No. CEP11062. Course # (03/14/2008). This course has been approved by STN for 7.5 hours of credit.

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The TOPIC course is taught in a one day interactive Modular Format, to best meet the needs of the individual trauma care provider participants who have varying levels of experience with trauma performance improvement. The course offers practical application for all Levels of trauma centers, from entry level to mature phase of program development. The Modules are taught with a focus on didactic, operational definitions, sample tools, case study examples and take home points.

## TOPIC Registration Form

Please fill out and return to Danielle Schmitz via fax or email

Fax (254) 770-2382 or [danielle.schmitz@TSA-L.com](mailto:danielle.schmitz@TSA-L.com)

### EVALUATION:

A course evaluation will provide participants with the opportunity to review each session and speaker, to identify future educational needs and to comment on any perceived commercial or promotional bias in the presentations.

### MEETING AND LODGING

The CTCOG (**Central Texas Council of Governments**) building is located at 2180 North Main Street in Belton. Make your reservation by calling 254-770-2316.

### TUITION

Tuition fee is \$75 and can be paid on the day of the session. The tuition fee includes all educational sessions, continental breakfast, lunch and break refreshments.

Name\_\_\_\_\_

Organization\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone\_\_\_\_\_

Email\_\_\_\_\_

Credentials\_\_\_\_\_