



The ENA Injury Prevention Institute / EN CARE is in the process of updating the EN CARE provider database. Please complete this form as soon as possible and return to your state EN CARE Institute Chairperson (EIC). For questions, please contact EN CARE at 800/900-9659, ext. 4112, or E-mail Oksana Kurylak at okurylak@ena.org

Name: \_\_\_\_\_

Credentials:  RN  LVN  LPN  EMT-P  EMT  
Other: \_\_\_\_\_

ENA Member #(if applicable): \_\_\_\_\_ Estimated month/year trained in EN CARE: \_\_\_\_\_

Child Passenger Safety Technician #(if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

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

Work Telephone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

Preferred mailing address:  Work  Home Preferred E-mail address:  Work  Home

Please identify the EN CARE programs you have been active in during the past two years (2002; 2003) (check all that apply):

- Alcohol Awareness (Learning to CARE, Dare to CARE, Take CARE)
- Bicycle and Helmet Safety
- Child Passenger Safety
- Gun Safety (includes Master Lock Program)
- Other Injury Prevention Programs \_\_\_\_\_
- Inactive, please remove me from the database

You may receive multiple copies of this form. You only need to complete this form once.  
*Thank you for your timely response!*

Please complete and return to your state ENCARE Institute Chairperson (EIC) or to national:

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