Trauma Nurses Talk Tough
Legacy Emanuel Hospital & Health Center
2801 N. Gantenbein Avenue, Office 2007
Portland, Oregon 97227
Phone: (503) 413-4960; Fax #413-2661
E-mail: tntt@lhs.org

To: Young Driver Improvement (YDI) Class Participant

Following this cover letter are the materials needed to register for the Young Drivers Improvement Class. Please complete the **Registration Form** and return it to this office as soon as possible. Registration is first come, first served and class size is limited.

If you prefer to complete these forms electronically, save them to your computer first. However, to preserve the confidentiality of the information, we recommend that you print and mail the information to us at the address above, unless you have secure email available.

Please see the class schedule and enter in the class date you need to attend. If the preferred date is filled, you will need to select another date and request an extension from the Court if the second date is beyond your compliance deadline.

We look forward to seeing you at class. Call our offices at (503) 413-4960 for any questions or if you need to reschedule the course date.

Thank You,

TNTT Staff

Young Driver Improvement Class
Participant Information

Municipal Courts and Individual Referrals
You have been given the opportunity to participate in the Young Driver Improvement Class at Emanuel Hospital, preferably with your parent or another significant adult in your life who is ***over*** the age of 25. The course is designed to educate you about the potential and very real consequences of unsafe driving behaviors. You will spend 3 hours at Emanuel Hospital and learn about the consequences of good kids making poor choices while driving, how to use the Graduated Driver's Licensing (GDL) laws and how to construct a driving contract. Participation in the course will include group discussions and testing, including essay questions, and an evaluation of the course.

By facing the consequences poor driving behavior, which places you and others at risk of serious injury and death, we anticipate you will understand the benefit to you of choosing to drive in a less risky manner.

Requirements

1. **Pre-registration is required.** Complete the registration form and mail to the address on page 1 or send by secure email to tntt@lhs.org. Call 503-413-4960 if you have questions.

2. The class is held on the **third Wednesday of each month. Registration: 6 – 6:25 p.m.; Class: 6:30 – 9:30 p.m.** The course is 3 hours, with one break. Check the schedule (following page) for class dates.

3. **Cost: FEES TO BE PAID in *cash:* $50.00—reduced to $20.00 if a parent or other significant adult *over* age 25 attends the class with you.** Paid to course coordinator on the day of the course (no checks please). Payment, as well as your full participation, is required for satisfactory completion of the course.

4. **Arrive on time.** Arrive at Legacy Emanuel Hospital by 6:00 p.m. Check at the hospital's front desk to confirm classroom location. (See www.legacyhealth.org/EmanuelLocation for maps and driving directions. **Address**: 2801 N. Gantenbein, Room 2007, Portland, OR 97227

5. **Wear appropriate clothing.** Plan to dress conservatively and neatly.

6. **Emanuel Hospital is a non-smoking facility.**

7. **You may bring your own food.**

8. **Use of alcohol and other drugs, before or during class will exclude you from the program.** The course is intensive. Plan to arrive at the class well rested.

9. If you have questions about the class, call the TNTT Office at 503-413-4960.

Young Driver Improvement Class
Participant Registration

Pre-registration required, please print clearly! Complete all information and mail to the TNTT Offices (address on page 1). If you prefer to complete this form electronically, save it to your computer first to avoid data loss.

Name: _____ Male _____Female_____

Address: _____ City: _____

State: _____ Zip Code:_____Phone:_____

Birth Date: _____ Drivers License #:_____

Offense Conviction or Citation_____
(type of offense)

Citation Date: _____ Citation #: _____

Referring Judge or Court: _____ Court Date: _____

To Be Completed by: _____ Requested Course Date: _____
DATE

YOUNG DRIVER IMPROVEMENT CLASS SCHEDULE FOR JUNE TO DECEMBER 2010

Be sure to arrive at least 15 minutes early to sign in

DATE	DAY	TIME	ROOM
June 16	**Wednesday**	**6:30-9:30 PM**	**1700**
July 21	**Wednesday**	**6:30-9:30 PM**	**1700**
August 18	**Wednesday**	**6:30-9:30 PM**	**1700**
September 15	**Wednesday**	**6:30-9:30 PM**	**1700**
October 20	**Wednesday**	**6:30-9:30 PM**	**1700**
November 17	**Wednesday**	**6:30-9:30 PM**	**1700**
December 15	**Wednesday**	**6:30-9:30 PM**	**1700**

RRoom 1700 is in the Lorenzen Conference Center