



Please complete the registration form & Email or Fax.

Professional Healthcare Education Service Inc.
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Fax: 281-313-7470

PHES Refresher Registration Form

Name: _____

License # _____ Temporary, Permanent or Pending _____

Status: **In-active** nurse or **Active** _____ **RN or LVN** _____

If license *In-active* Last 4 of Social Security # _____ DOB _____

Address including city, state and zip: _____

E-Mail address: _____ Phone # _____

Courses I would to register for:

Nurse Refresher Program ____ Class start date _____ Location: _____

If known, Date & area of practice requested for clinicals: (availability varies)

Best days/times to schedule any instructor conferences: _____

I need to set up a payment plan and would like someone to call to approve my plan: ____ (In-active or Remediators only) Active nurses must pay in full.

If you think you may qualify for financial aid due to personal circumstances or disability please let us know so, we can assist you with paperwork.

We **must** have copy of current or temporary license, BLS for HCP CPR, TB skin test or C-XR, Hepatitis B record and vaccination record and form for background check prior to requesting clinical assignments. Some sites require Tdap, MMR & Varicella.

I understand that I must do all courses and that if there is any course I cannot I will notify the instructor. I agree to protect the copyright of all curriculum and not share the class material with any person or entity. I agree to complete all coursework myself and seek instructor support for any questions I have. I understand that Verification of Course Completion or Continuing Education Certificates will not be given until all payments are completed. I understand that it is recommended that I begin the clinical component, if needed; within 45 days of last class and that clinical hours cannot be done until all coursework is completed. If I have concerns about my ability to do this I will discuss with an instructor prior to beginning coursework. Deposit is transferable to another class date but, is not refundable.

Nurse Refresher Signature and Discipline

Date

PHES follows all federal and state guidelines for non-discrimination and has helped many nurses back to practice despite disabilities or history of impairments but, in order to prepare you for practice we need to know if you have anything that we need to provide customization or accommodations for such as (preferred seating, larger print, increased study time, shorter clinical days, no lifting, no computer access, etc.)

Briefly describe any specific needs: _____

Do you have a BON stipulation/order to take this class and/or other courses? _____

Current Employment Status (please give job title)

Not Employed at Present _____

Full-time as _____

Part-time as _____

Volunteer as _____

How long have you been away from bedside nursing? _____

Please send a resume, email or letter regarding previous employment with at least 2 employers by name of facility, approximate dates, city and state . (It can be an out of date resume) We will give you examples to help you update your resume for the future.

Why did you previously leave employment in nursing? _____

Why did you decide to return to employment in nursing? _____

What type of job positions do you wish to find after completing the Refresher Course?

How did you find out about the refresher course?

Please mark all that apply.

Internet search ___

Previous Refresher Student ___

Board of Nursing or other Website ___ Which one? _____

College _____

Friend _____

Nurse Recruiter ___ Which facility? _____

Other – please describe _____

Print material – What type or magazine? _____

Have you made or want to make your own arrangements regarding the precepted clinical experience? if so,

Name of Facility _____

Name of contact person _____

Or Contact person's address _____

Contact person's email and phone # _____

Below for Office Use Only!

Date rec'd _____ **Amount rec'd** _____ **Balance due** _____

Notes: _____
