



Professional Healthcare Education Service Inc.  
3727 Greenbriar Dr. #403  
Stafford, TX 77477

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### Nurse Remediation Registration Form

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

License # \_\_\_\_\_ RN or LVN \_\_\_\_\_  
Temporary, Permanent **or** Pending \_\_\_\_\_

If license *In-active* last 4 of Social Security # \_\_\_\_\_ DOB: \_\_\_\_\_

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

E-Mail address: \_\_\_\_\_

Phone # \_\_\_\_\_

Course location: **Houston, Dallas, San Antonio** \_\_\_\_\_

Courses I would to register for:

- Jurisprudence/Ethics
- Documentation \_\_\_\_\_
- Physical Assessment with or without clinicals
- Medication Adminstration with or without clinicals
- Pharmacology \_\_\_\_\_

Class start date \_\_\_\_\_

**Date Request for clinicals (if known):** (availability varies) \_\_\_\_\_

I need to set up a payment plan and would like someone to call to approve my plan \_\_\_\_\_

We **must** have copy of current or temporary license, CPR, TB skin test or C-XR, Hepatitis B record and vaccination record and form for background check prior to requesting clinical assignments.

**I understand that I must attend all courses and that if there is any course I cannot attend I will notify the instructor and make arrangements to complete at another time. I agree to protect the copyright of all curriculums 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.**

Signature and Discipline

Date

REV 07/28/18

Below for PHES Office use only:

**Date rec'd** \_\_\_\_\_ **Amount rec'd** \_\_\_\_\_ **Balance due** \_\_\_\_\_ 1