

Professional Healthcare Education Service Inc.  
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Stafford, TX 77477

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## Refresher Registration Form

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

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

Status: **In-active** nurse or **Active** \_\_\_\_\_ **RN or LVN** \_\_\_\_\_

If license *In-active* Social Security # \_\_\_\_\_ & DOB \_\_\_\_\_

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

E-Mail address: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Courses I would to register for:

Nurse Refresher Program \_\_\_\_\_ Class start date \_\_\_\_\_

**If known, Date and 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)

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 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 complete the Nurse Refresher Program and clinicals within 45 days of last class and that clinical hours, if needed 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.**

Signature and Discipline

Date

REV 8/24/09

Below for Office Use Only!

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