

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

Email to: phes@windstream.net
Fax: 281-313-7470

Nurse Remediation 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: _____

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 Administration 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 the course on scheduled date and if I cannot attend I will notify the office 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 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 08/09

Below for PHES Office use only:

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