



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

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

Nurse eCourse 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 # _____

Courses I would to register for:

- Jurisprudence/Ethics
- Documentation
- Physical Assessment with or without clinicals
- Medication Administration with or without clinicals
- Pharmacology

Class 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 ecourse 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 at any 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 clinicals are complete and payments are completed. I understand that there is a moratorium on clinicals at this time due to the Covid-19 crisis . Deposit is transferable to another class date but, is not refundable.

Signature and Discipline
Below for PHES Office use only:

Date Signed

REV 03/25/2020

Date rec'd _____ **Amount rec'd** _____ **Balance due** _____ 1