Please complete the registration form & Email or Fax.

Professional Healthcare Education Service Inc. Email to: phes@windstream.net
3727 Greenbriar Dr. #403 Stafford, TX 77477 Fax: 281-313-7470

PHES Digital eCourse Refresher Registration Form

Name: _____

License # _____ Temporary, Permanent **or** Pending_____

Circle Status: **In-active, Delinquent, Endorsing** 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 ___ Desired start date _____

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.

I understand that I must do all courses and that if there is any course I cannot I will notify the instructor. I understand that only virtual clinicals and no direct patient care clinicals are included in the price and course I am signing up for and that if clinicals desired I will be required to pay the cost difference at that time. I agree to protect the copyright of all curriculums and not share the online access or class material with any person or entity now or anytime in the future. 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. If I have concerns about my ability to do this, I will discuss with an instructor prior to beginning coursework or as soon as possible. All payments for courses/programs must be paid off within 3 months. If you need an extension, please discuss with us.

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: _____

_____

_____