



ENROLLMENT APPLICATION

This form may be completed by typing directly in the fields below or may be printed and completed. Please send this form and copy of your nursing license (if relevant) to medstar.refresherprograms@gmail.com or mail to the postal address below.

PERSONAL INFORMATION

DATE _____

NAME (as it appears on your nursing license) _____

NAME (if different than above) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREFERRED EMAIL _____

HOME PHONE _____ CELL PHONE _____

ENROLLMENT DETAILS

Please tell me why you are enrolling in this program. Answer all that apply.

- Inactive license/applying for reinstatement.
- License number and State issued Inactive license/applying for endorsement.
- License number and State issued Board Order – Mail copy to address below
- Not currently practicing. **Please include years of inactivity, active license number, and state issued in the box below.**
- Other

What role did you have during much of your nursing career and specialty area if applicable?

Have you contacted the Arizona State Board of Nursing to see what requirements are needed for your situation?

Yes No

List ALL of the states in which you have been licensed and indicate current status:

1.	<input type="text"/>	Active <input type="radio"/>	Inactive <input type="radio"/>
2.	<input type="text"/>	Active <input type="radio"/>	Inactive <input type="radio"/>
3.	<input type="text"/>	Active <input type="radio"/>	Inactive <input type="radio"/>

Email verification of your nursing license to medstar.refresherprograms@gmail.com

(Licensure Quick Confirm by going to www.nursys.com)

I have reviewed the MEDSTAR Refresher Online Program Overview located on the website www.msrnrefresher.com.

Please answer the following questions. If you answer "yes" to any of the questions, please provide a complete description of dates and circumstances on a separate piece of paper or by email. You must attach supporting documents that are applicable. Please feel free to contact Dr. Sandra Wyrick, Executive Nursing Director to discuss further if needed (425-478-0779)

A. Have you ever been convicted, pled guilty or no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations)?

Yes No

B. Is there any pending criminal prosecution against you which would constitute a felony?

Yes No

C. Within the last three years, have you been treated for abuse or misuse of any alcohol or chemical substance to the extent that your ability to practice as a nursing student would be impaired?

Yes No

D. Within the past three years, have you experienced a physical, emotional, or mental condition that has endangered the health or safety of persons entrusted in your care?

Yes No

I understand that if I am convicted, plead guilty or no contest, or receive a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations) while in the MedStar Refresher Program, I will report the offense to the Executive Director of Nursing.

Grievance Policy: MEDSTAR REFRESHER ONLINE PROGRAM will make every attempt to investigate and resolve the issue as quickly as possible. See Student Handbook for complete policy. I hereby verify that all the information contained in this document is accurate and truthful to the best of my knowledge:

Signature _____

Date _____

COURSE SELECTION

- RN Refresher Online Program, 122 hours independent study, 160 hours of clinical.
- LPN/PN Refresher online Program, 120 hours independent study, 120 hours of clinical
- NCLEX Preparatory Course. 122 hours of independent study; Once NCLEX exam is passed you will be placed in a clinical 160-hour preceptorship.

Please select a payment option if choosing one of the options above:

- 1 Payment (Cashier's Check or Money Order) \$3,150 Due Upon Enrollment
- 1 Payment (Credit Card) \$3,175 Due Upon Enrollment
- 2 Payments (Credit Card) of \$1,675 - \$3,350 total - Automatically Charged at Enrollment and 60 Days
- 3 Payments (Credit Card) of \$1,250 - \$3,750 total - Automatically Charged at Enrollment, 60 Days, and 90 Days

PAYMENT DETAILS

Credit Card Information

Account number: _____
Expiration Date: _____ Security Code (3 or 4 digits): _____

Billing Address of Credit Card Holder

Signature _____ Date _____

**** Required Text Books, E-Learning Resources, and Skills Kit are additional cost and not part of the tuition fee.

WITHDRAWAL

A student who withdraws from the program for any reason will not be eligible for a Certificate of Program Completion and will not pass the course. Please notify the program executive director if you are withdrawing from the program. Keep in mind that you have 6 months to complete the independent study program and 6 months to complete the clinical portion.

Total time to complete the program is one year from enrollment. Please notify the Executive Nursing Director if there are extenuating circumstances to lengthen this time.

Refunds for Withdrawal: The application/tuition fee is non-refundable after 2 days of enrollment date. Refunds within the 2 days of enrollment will result in a 25% service fee of the FULL tuition price. Refund requests must be made via email within the 2-day timeframe to the Executive Nursing Director at medstar.refresherprograms@gmail.com This is to keep tuition fees down. We apologize for any inconvenience this may cause.

By signing this document, I understand and agree with the tuition payment, tuition payment plan, withdrawal, and refund policy as noted in the document.

Student's Signature _____

Student's Printed Name _____

Date _____

ADDITIONAL INFORMATION

Driver's License # Issuing State Expiration Date

Nationality Date of Birth

Nursing School Attended Country

Highest Degree Obtained

Please email your **completed form**, a **copy of your driver's license**, and a **copy of your nursing license** (if relevant) to medstar.refresherprograms@gmail.com or mail to the postal address below.

You will receive an email/call confirming your enrollment status within 2 business days. Please print and retain a copy of the completed document for your files

RETURN TO:

MedStar Academy
Attention: Dr. Sandra Wyrick, Executive Nursing Director
3941 Park Drive Suite 20-672, El Dorado Hills, CA 95762-4549
FAX: 916-251-9981 EMAIL: medstar.refresherprograms@gmail.com

Processing your enrollment takes approximately 2 business days once received. Once enrolled, you will receive an email indicating your tuition payment has cleared and you will receive the program curriculum in a USB Drive with further instructions via postal mail. If you have any questions, please call 425-478-0779 and the program executive nursing director will assist you. If you require tuition assistance there may be some resources available for you. Contact the executive nursing director to discuss your options, as well as reviewing the Frequently Asked Questions (FAQ) page of the website msnrefresher.com.