



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 lrose2000@cox.net 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

Out of nursing for years. Active license number and State issued

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. | Active | Inactive |
| 2. | Active | Inactive |
| 3. | Active | Inactive |

Email verification of your nursing license to lrose2000@cox.net.

(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.

Yes No

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 Linda Rose, Executive Nursing Director to discuss further if needed (480-628-0937)

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) \$3,100 Due Upon Enrollment

1 Payment (Credit Card) \$3,175 Due Upon Enrollment

2 Payments (Credit Card) of \$1,600 - \$3,200 total - Automatically Charged at Enrollment and 60 Days

3 Payments (Credit Card) of \$1,100 - \$3,300 total - Automatically Charged at Enrollment, 60 Days, and 90 Days

MSRN Maternity Online Program, 122 hours independent study, 160 hours of clinical. \$1,700

MSRN Maternity Program, 122 hours independent study, 160 hours of clinical. Clinical placement included. Available only for AZ state residents. \$1,900

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 lrose2000@cox.net. 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

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 lrose2000@cox.net 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 Online Programs

Attention: Linda Rose RN, BSN, MHA, Executive Nursing Director

27200 N 130th Dr. Peoria, AZ 85383

FAX: 623-399-1192 EMAIL: lrose2000@cox.net

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 Student Binder via postal mail. If you have any questions, please call 480-628-0937 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 msnrnrefresher.com.