



**The Institute for Accelerated
RN Success, Inc.**

RN REMEDIATION & REFRESHER COURSE

Personal Data:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Telephone: _____ Alt Phone: _____

How many time have you taken the NCLEX? _____ Dates? _____

Graduating Institution: _____ Year _____

Degree Attained: _____

D.O.B. _____ Gender: _____

Social Security (last 4) : _____

Emergency contact: _____

Have you attending Review or Remediation course(s) in the past? _____

If yes, where and when?

Do you currently work in healthcare? _____ If so in what capacity?

Areas of Weakness:

Areas of Strength:



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Statement of Enrollment Acknowledgment:

I, _____ (name) hereby do solemnly swear under possible penalty of perjury that the information contained here is true. I have received and read the Remediation Course Participant Handbook in its entirety. I understand that I must attend 96 clinical hours in Med-Surg on-site or simulated hospital environment to complete BON requirements.

I understand that I must complete all 80 required didactic hours, complete homework assignments, pass all required exams, attend required 96-clinical simulation hours and pay all required fees in order for me to receive Completion Letter for Board of Nursing. I have been told that this RN Remediation Course does not guarantee or imply my success on NCLEX-RN. I have read handbook and had all my questions answered prior to signing this form. I know that the registration fee is non-refundable after 3-days following payment. I have retained a copy of this signed enrollment acknowledgment for my records.

Choose Course Option: Boot-Camp Self-paced Intensive Distant-didactic

Requested Start date: _____

Anticipated time for completion: _____

Cost of Course: \$ _____ Pymt plan for Course: Yes No

Printed Name

Electronic-Signature

Date

Copy of Driver's license attached Yes No