



RN Refresher Online Program, LLC

ENROLLMENT APPLICATION DOCUMENT

Please type or print neatly

DATE: _____

NAME: _____

As it appears on your RN License

NAME: _____

If different than above

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

Provide the email you want to use for program communication

TELEPHONE: Home _____ Cell _____



PROGRAM METHOD & PAYMENT INFORMATION

Check which method and payment you wish to use for your education needs:
RETURN THIS FORM AND A CHECK for amount indicated or enter CREDIT CARD information (below) for billing. Checks can be made payable to A NEW DAY: RN Refresher Program OR Sandra Wyrick.

You can Fax or Email this document for faster service if paying by credit card. All checks must be sent by postal mail.

RETURN TO: **A NEW DAY: RN Refresher Online Program**
 Attention: Dr. Sandra Wyrick, Executive Nursing Director
 3941 Park Drive Suite 20-672, El Dorado Hills, CA 95762

FAX: **EMAIL:** anewday.rnrefresher@gmail.com

Processing your enrollment takes approximately 48-72 hours during 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 425-478-0779 and the program executive nursing director will assist you. If you require tuition assistance there might be some resources available for you. Contact the executive nursing director to discuss your options as well as review the Frequently Asked Questions (FAQ) page of the website ndrnrefresher.com

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Please tell me why you are enrolling in this RN Refresher 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 – attach a copy

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

Other: \_\_\_\_\_

What role did you have during the majority of your nursing career and specialty area if applicable; i.e., med/surg, home health, psych, ICU, skilled nursing facility, ambulatory clinic,?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you contacted the state board of nursing in which you wish to renew your license to see what requirements are needed for your particular situation?

\_\_\_ Yes \_\_\_ No

What state do you plan to complete your clinical experience? \_\_\_\_\_

I have contacted my State Board of Nursing for details on reactivation and/or endorsement of RN license

\_\_\_ 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

✓ Attach verification of your nursing license. (Licensure QuickConfirm by accessing [www.nursys.com](http://www.nursys.com) or copy of your active or inactive license attached to this document which can be printed from the Washington Nursing Commission Credential Search website.)

I have reviewed the A NEW DAY: RN Refresher Online Program Overview located on the website [www.ndrnrefresher.com](http://www.ndrnrefresher.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. You must attach supporting documents that are applicable.

Please feel free to contact 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 A NEW DAY: RN Refresher Program, I will report the offense to the Executive Director of Nursing.

Grievance Policy: A NEW DAY: RN REFRESHER ONLINE PROGRAM, LLC. will make every attempt to investigate and resolve the issue as quickly as possible. See Student Handbook for complete policy.

Linda Rose, RN, BSN, MHA, Program Coordinator for A NEW DAY: RN Refresher Online Program, LLC. is your secondary contact person for programmatic questions/concerns. [Lrose2000@cox.net](mailto:Lrose2000@cox.net)

I hereby verify that all of the information contained in this document is accurate and truthful to the best of my knowledge:

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Tuition Payment

3 Types of Programs: *please check method of payment and program*



RN Refresher Online Program:

**Pay ALL at one time for \$3750 check, money order, or credit card OR Pay a 50/50 split payment of \$3750 by check, money order, or credit card (\$1875 upon enrollment and \$1875 in 90 days or PRIOR to taking your final exam; whichever comes first) OR pay in 3 installment payments of \$1250 in 120 days (each payment due 40 days after the first enrollment payment up to 120 days) or PRIOR to taking your final exam; whichever comes first.**

122hour Theory/Skills component & 160 hour Clinical Preceptorship component and 10 vSim

Medical Surgical Clinical Nursing Virtual Simulated Clinical Scenarios

\_\_\_\_\_ \$3750 Payable by Personal Check or Money Order

\_\_\_\_\_ \$3750 by Credit Card Visa \_\_\_\_\_ Master Card \_\_\_\_\_

\_\_\_\_\_ \$3750 using the 50/50 tuition fee split of \$1875 by Personal Check, Money Order, or Credit Card

\_\_\_\_\_ \$3750 using 3 installment tuition payments of \$1250 by Personal Check, Money Order, or Credit Card (each payment due 40 days after the first enrollment payment up to 120 days final installment payment due in 120 days or PRIOR to taking your final exam whichever comes first)

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3 Digit Number on Back of Credit Card: \_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_

Billing Address of Credit Card Holder: \_\_\_\_\_



RN Refresher Medical Surgical Review Program: 122 hour Theory/Skills component. 10 vSim

Medical Surgical Clinical Nursing Virtual Scenarios, AND Live Skills Demonstration Evaluation

*(no clinical component 50/50 split payments accepted)*

\_\_\_\_\_ \$3150 Payable by Certified Check or Money Order

\_\_\_\_\_ \$3150 by Credit Card Visa \_\_\_\_\_ Master Card \_\_\_\_\_

\_\_\_\_\_ \$3150 using the 50/50 tuition fee split of \$1575 by Personal Check, Money Order, or Credit Card

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3 Digit Number on Back of Credit Card: \_\_\_\_\_

Name on the Credit Card: \_\_\_\_\_

Billing Address of Credit Card Holder: \_\_\_\_\_



RN Refresher Medical Surgical Review Program: 122 hour Theory/Skills component and 10 vSim

Medical Surgical Clinical Nursing Virtual Scenarios

*(no clinical component 50/50 split payments accepted)*

\_\_\_\_\_ \$2850 Payable by Certified Check or Money Order

\_\_\_\_\_ \$2850 by Credit Card Visa \_\_\_\_\_ Master Card \_\_\_\_\_



Thank you for completing the enrollment form. You will receive an email confirming your enrollment status in 2-3 business days  
*Please retain a copy of this document for your files*