

Nurse Refresher Course Registration

Personal Information

Name: _____ Title _____

Address: _____ Zip: _____

Phone _____ Alternative phone _____

Email: _____

Date of Birth: _____

Name of college/ school _____

Address: _____ Zip: _____

Completion Date: _____

License Information

Date of Original License: _____ Expires: _____

Permit Number: _____ Expires: _____

Other States Licensed: _____

Work Experience:

Places of Employment: _____

Last date Practiced: _____

COURSE Locations [] Lubbock [] Killeen [] San Antonio [] Burleson

Application Information

Entrance date: _____ Completion Date: _____

Course Requirements

Prior to acceptance to course. Participant MUST:

1. Complete all application forms
2. Complete Medical Forms
3. Make payment for course
4. Provide a negative drug test in the last 6 months
5. Negative TB Test or Chest X ray
6. You will need a 2" three binder for your course material
7. Equipment: Purchase Nurse Pac for clinicals \$45.00

Eligibility for Course Refresher;

According to the Texas Board of Nurse Refresher course, applicant eligibly include the following: *A refresher course shall be designed for those persons, previously licensed, who are not eligible for re- entry into nursing practice because their license has lapse for five or more years. Or ordered by the Texas Board of Nursing*

Satisfactory Completion of a refresher course if require of the person who:

1. Request reactivation of an inactive license and who has not held an active license for five or more years.
2. Is directed by the Texas Board of Nursing to complete such a course when the board has acted against the nurse's license
3. Needs a refresher course as a result to the license being inactive for disciplinary action and has not met all eligibility requirements for reinstatement of the license.

Release of Records Agreement

I, _____, am an applicant

_____ of *Bracey's Nursing Solutions* gives *Bracey's Nursing Solutions* Program Administrator permission to submit my personal information to any of the facilities in which I may be assigned to do my clinical practicum while a student of *Bracey's Nursing Solutions* including the following:

- Criminal Background History form
- Negative drug screen in last 6 months
- CPR Course Completion
- Drug Screen Authorization
- Negative TB Skin test or chest x-ray

Proof of Immunizations:

- Hepatitis B
- Varicella titer
- MMR
- Tetanus, Diphtheria

I understand all immunization records, criminal background check, etc. submitted with my application packet becomes property of *Bracey's Nursing Solutions Killeen, Texas* and will not be returned nor photocopies for me. Therefore, I take full responsibility for keeping photocopies of these documents for my own personal files before submitting them with my application.

Student Signature: _____ Date _____

Clinical guidelines for Performance

Participants may not perform procedures requiring specialized knowledge and training any procedure specified by the agency as inappropriate for participant or any skill that exceed the Nurses Scope of Practice.

Participants may NOT perform the following:

- Initial client assessment without direct supervision

- Develop or revise the nursing care plan

- Take telephone, verbal orders from the physician

- Note nor transcribe physician orders

- Administer medication Unsupervised

- Sign/ witness any client consent forms

- Call physician for client concerns

Nurse Refresher Course Content

Date	Course	Hours Completed	Signature	Instructor
	Reviewed NPA, TBONE Rules and Regulations, Position Statements	6		P. Bracey, RN
	Nursing Documentation	6		P. Bracey, RN
	Physical Assessment	6		P. Bracey, RN
	Physical Assessment Skills Lab	6		P. Bracey, RN
	Pharmacology Review	6		P. Bracey, RN
	Medication Administration	6		P. Bracey, RN
	Medication Administration Skills Lab	6		P. Bracey, RN
	Clinical Preceptorship	80		
	CPR/ BLS			
	Verification of Completion			P. Bracey, RN

Participant Signature: _____ Date: _____

Permit/ License Number: _____ State: _____

Participant Signature: _____ Date: _____

My signature acknowledges I have completed all the requirements for the Nurse Refresher Course

Credit Card Authorization

I, _____ give permission to: **Bracey's Nursing**

Solutions to charge the following credit card for the payment for my courses.

Visa MasterCard Other: _____

Credit card Number: _____

Expiration: _____ CVC Number: _____

Card Holders Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Mobile: _____

Driver's License #: _____ State: _____

E-Mail Address: _____

I, _____ Authorized payment of \$ _____

Nurse Refresher Course \$1200.00

*In lieu of refunds fees may be applied to another date and location up to one year. I understand I must complete all components and pay fees in full in order to have Verification of Completion presented to the TBON. No refund for Nonattendance. I have read and understand the contents of the registration form and have contacted the Program Administration (800-688-6149) for clarification. I have provided information related to my TNONE requirements and will not hold Bracey's Nursing Solutions or any of its employees for misrepresentation or completion of the course (s), I am accountable for my performance while in clinical any errors of omission or commission will be reported to the proper licensing agency as well as any abuse or neglect to clients. **NO REFUNDS AFTER 24 HOURS OF payment Locations and dates SUBJECTED TO CHANGE***

r Dates: _____ Location: _____

Printed Name: _____

Signature _____ Date: _____

Your signature acknowledges your agreement to pay all incurred payments related to this account

Patsy Bracey, RN Program Administrator _____

Signature: _____ Date: _____

CRIMINAL BACKGROUND CHECK

Please Print all Requested Information.

Name: _____

Other Names Used: _____

Current Address: _____

City/ State/ Zip Code: _____

Social Security Number _____ Date of Birth _____

Driver's License # _____ State of Issue: _____

Nursing License # _____ State: _____

In connection with my training with *Bracey's Nursing Solutions*, I hereby authorize *Bracey's Nursing Solutions*/ training facility, to conduct a security background check on me. I understand that this security check will cover information such as criminal history, education and employment, sanction/ exclusions and professional licensure/ certifications. I understand that this background check may include information from previous employers relating to my work experience. I hereby release *Bracey's Nursing Solutions*, Training facilities, and its employees from all liability resulting from the furnishing of this information. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

I understand that any false statements made herein could void my consideration for training.

Signature: _____ Date: _____

DRUG AND/OR ALCOHOL TESTING CONSENT FOR Testing

I, _____ hereby agree, upon a request made under the drug/alcohol testing policy of *Bracey's Nursing Solutions* and any training facility to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under *Bracey's Nursing Solutions* or any training facility policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination from training. I further authorize and give full permission to have *Bracey's Nursing Solutions* or any training facility's physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to *Bracey's Nursing Solutions* and/or to any governmental / training entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize *Bracey's Nursing Solutions/ training facility* to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I, _____ will hold harmless the *Bracey's Nursing Solutions*,/ training facility its company physician, and any testing laboratory the *Bracey's Nursing Solutions* / training facility might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a *Bracey's Nursing Solutions* or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless *Bracey's Nursing Solutions*, its company physician, training facilities and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT BRACEY'S HEALTHCARE TRAINING WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

Signature

Date

Printed Name: _____

Principles of confidentiality

Patients have a right to expect that you will not disclose any personal information which you learn during the course of your professional duties, unless they give permission. Without assurances about confidentiality patients may be reluctant to give doctors the information they need in order to provide good care. For these reasons:

- You must make sure that the information is effectively protected against improper disclosure when it is disposed of, stored, transmitted or received;
- When patients give consent to disclosure of information about them, you must make sure they understand what will be disclosed, the reasons for disclosure and the likely consequences;
- You must make sure that patients are informed whenever information about them is likely to be disclosed to others involved in their health care, and that they have the opportunity to withhold permission;
- You must respect requests by patients that information should not be disclosed to third parties, save in exceptional circumstances (for example, where the health or safety of others would otherwise be at serious risk);
- If you disclose confidential information you should release only as much information as is necessary for the purpose;
- You must make sure that health workers to whom you disclose information understand that it is given to them in confidence which they must respect;

If you decide to disclose confidential information, you must be prepared to explain and justify your decision.

Disclosure of confidential information with the patient's consent

You may release confidential information in strict accordance with the patient's consent, or the consent of a person properly authorized to act on the patient's behalf.

Disclosure within teams

Modern medical practice usually involves teams of doctors, other health care workers, and sometimes people from outside the health care professions. The importance of working in teams is explained in the GMC's booklet 'Good medical practice'. To provide patients with the best possible care, it is often essential to pass confidential information between members of the team.

You should make sure - through the use of leaflets and posters if necessary - that patients understand why and when information may be shared between team members, and any circumstances in which team members providing non-medical care may be required to disclose information to third parties.

Where the disclosure of relevant information between health care professionals is clearly required for treatment to which a patient has agreed, the patient's explicit

consent may not be required. For example, explicit consent would not be needed where a general practitioner discloses relevant information to a medical secretary to have a referral letter typed, or a physician makes relevant information available to a radiologist when requesting an X-ray.

There will also be circumstances where, because of a medical emergency, a patient's consent cannot be obtained, but relevant information must in the patient's interest be transferred between health care workers.

If a patient does not wish you to share particular information with other members of the team, you must respect those wishes. If you and a patient have established a relationship based on trust, the patient may choose to give you discretion to disclose information to other team members, as required.

All medical members of a team have a duty to make sure that other team members understand and observe confidentiality.

Disclosure to employers and insurance companies

When assessing a patient on behalf of a third party (for example, an employer or insurance company) you must make sure, at the outset, that the patient is aware of the purpose of the assessment, of the obligation that the doctor has towards the third parties concerned, and that this may necessitate the disclosure of personal information. You should undertake such assessments only with the patient's written consent.

Disclosure of information without the patient's consent

Disclosure in the patient's medical interests

Problems may arise if you consider that a patient is incapable of giving consent to treatment because of immaturity, illness, or mental incapacity, and you have tried unsuccessfully to persuade the patient to allow an appropriate person to be involved in the consultation. If you are convinced that it is essential in the patient's medical interests, you may disclose relevant information to an appropriate person or authority. You must tell the patient before disclosing any information. You should remember that the judgment of whether patients are capable of giving or withholding consent to treatment or disclosure must be based on an assessment of their ability to appreciate what the treatment or advice being sought may involve, and not solely on their age.

If you believe a patient to be a victim of neglect or physical or sexual abuse, and unable to give or withhold consent to disclosure, you should usually give information to an appropriate responsible person or statutory agency, in order to prevent further harm to the patient. In these and similar circumstances, you may release information without the patient's consent, but only if you consider that the patient is unable to give consent, and that the disclosure is in the patient's best medical interests.

Rarely, you may judge that seeking consent to the disclosure of confidential information would be damaging to the patient, but that the disclosure would be in

the patient's medical interests. For example, you may judge that it would be in a patient's interests that a close relative should know about the patient's terminal condition, but that the patient would be seriously harmed by the information. In such circumstances information may be disclosed without consent.

Disclosure after a patient's death

You still have an obligation to keep information confidential after a patient dies. The extent to which confidential information may be disclosed after a patient's death will depend on the circumstances. These include the nature of the information, whether that information is already public knowledge, and how long it is since the patient died. Particular difficulties may arise when there is a conflict of interest between parties affected by the patient's death. For example, if an insurance company seeks information about a deceased patient in order to decide whether to make a payment under a life assurance policy, you should not release information without the consent of the patient's executor, or a close relative, who has been fully informed of the consequences of disclosure.

You should be aware that the Access to Health Records Act 1990 gives third parties right of access, in certain circumstances, to the medical records of a deceased patient.

Disclosure for medical teaching, medical research, and medical audit

- *Research*
 - Where, for the purposes of medical research there is a need to disclose information which it is not possible to anonymise effectively, every reasonable effort must be made to inform the patients concerned, or those who may properly give permission on their behalf, that they may, at any stage, withhold their consent to disclosure.
 - Where consent cannot be obtained, this fact should be drawn to the attention of a research ethics committee which should decide whether the public interest in the research outweighs patients' right to confidentiality. Disclosures to a researcher may otherwise be improper, even if the researcher is a registered medical practitioner.
- *Teaching and audit*
- Patients' consent to disclosure of information for teaching and audit must be obtained unless the data have been effectively anonymised.

Disclosure in the interests of others

Disclosures may be necessary in the public interest where a failure to disclose information may expose the patient, or others, to risk of death or serious harm. In such circumstances you should disclose information promptly to an appropriate person or authority. Such circumstances may arise, for example, where:

- A patient continues to drive, against medical advice, when unfit to do so. In such circumstances you should disclose relevant information to the medical adviser of the Driver and Vehicle Licensing Agency without delay.
- A colleague, who is also a patient, is placing patients at risk as a result of illness or another medical condition. Guidance on this issue, and on the rights of doctors who are ill, is contained in the GMC's leaflet 'HIV infection and AIDS: the ethical considerations' and in a separate note about the GMC's health procedures.
- Disclosure is necessary for the prevention or detection of a serious crime.

Disclosure in connection with judicial or other statutory proceedings

You may disclose information to satisfy a specific statutory requirement, such as notification of a communicable disease or of attendance upon a person dependent upon certain controlled drugs. You may also disclose information if ordered to do so by a judge or presiding officer of a court, or if you are summoned to assist a Coroner, Procurator Fiscal, or other similar officer in connection with an inquest or comparable judicial investigation. If you are required to produce patients' notes or records under a court order you should disclose only so much as is relevant to the proceedings. You should object to the judge or the presiding officer if attempts are made to compel you to disclose other matters which appear in the notes, for example matters relating to relatives or partners of the patient who are not parties to the proceedings.

In the absence of a court order, a request for disclosure by a third party, for example, a solicitor, police officer, or officer of a court, is not sufficient justification for disclosure without a patient's consent.

When a Committee of the GMC investigating a doctor's fitness to practice has determined that the interests of justice require disclosure of confidential information, you may disclose information at the request of the Committee's Chairman, provided that every reasonable effort has been made to seek the consent of the patients concerned. If consent is refused the patient's wishes must be respected.

Disclosure to inspectors of taxes

If you have a private practice, you may disclose confidential information about patients in response to a request from an inspector of taxes, provided you have made every effort to separate financial information from clinical records.

Disclosure of information to the Driver and Vehicle Licensing Agency (DVLA)

The DVLA is legally responsible for deciding if a person is medically unfit to drive. They need to know when driving license holders have a condition which may now, or in the future, affect their safety as a driver. Doctors who decide to disclose confidential information must be prepared to explain and justify their decisions.

Therefore, where patients have such conditions you should:

- Make sure that the patients understand that the condition may impair their ability to drive. If a patient is incapable of understanding this advice, for example because of dementia, you should inform the DVLA immediately.
- Explain to patients that they have a legal duty to inform the DVLA about the condition.

If the patients refuse to accept the diagnosis or the effect of the condition on their ability to drive, you can suggest that the patients seek a second opinion, and make appropriate arrangements for the patients to do so. You should advise patients not to drive until the second opinion has been obtained.

If patients continue to drive when they are not fit to do so, you should make every reasonable effort to persuade them to stop. This may include telling their next of kin.

If you do not manage to persuade patients to stop driving, or you are given or find evidence that a patient is continuing to drive contrary to advice, you should disclose relevant medical information immediately, in confidence, to the medical adviser at the DVLA.

Before giving information to the DVLA you should inform the patient of your decision to do so. Once the DVLA has colleagues, placing patients at been informed, you should also write to the patient, to confirm that a disclosure has been made.

All participants must sign and return this form

Participant Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Refund Policy

Bracey's Nursing Solutions will honor all refund minus 20% of the total amount paid after 24- hour written notice. No verbal or Text message will be accepted. After 24- Hour notice participants may apply total amount paid for another class up to one year, after which the refund will be voided, and participants will need to re- apply and pay for the course.

Name: _____ Title: _____

Address: _____

City: _____ Stat: _____ Zipe: _____

Email: _____

Phone : _____

I wish to enroll in course date: _____ Location: _____

Cost: \$600.00 Amount paid with Registration \$ _____ Balance
\$ _____ Due last day of course

There are NO REFUNDS for:

1. Nurse Refresher Courses
2. FENS Nurse Refresher Courses

Signature: _____ Date: _____

Provider Signature: _____

Date: _____