## R.E.A.L. Nurse Educate

# REGISTRATION FORM

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| www.realnurseeducate.org | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Today’s date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Training Programs: (Face-to-Face and/or Online)** | | | | | | | | | | | | | |
| Personal INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient’s last name: | | | | | | | | | | | | First: | | | | | | | | | | Middle: | | | | | ❑ Mr.  ❑ Mrs. | | | ❑ Miss  ❑ Ms. | | | | | Marital status (circle one) | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | Single / Mar / Div / Sep / Wid | | | | | | |
| Is this your legal name? | | | If not, what is your legal name? | | | | | | | | | | | | | | | | | (Former name): | | | | | | | | | | | | Birth date: | | | | | | Age: (You must be 18 yrs or older) | | Sex: | |
| ❑ Yes | ❑ No | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | Click or tap here to enter text. | | ❑ M | ❑ F |
| Street address: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | Social Security no.:Click or tap here to enter text.  State ID or DL: **(You must bring your ID or DL to class for verification.)** Click or tap here to enter text. | | | | | | | | | | | | Home phone no.:Click or tap here to enter text.  Cell phone no: Click or tap here to enter text. | | | | | | |
| Class Requirements: Please check all that apply.  ❑ Has an email address  ❑ Able to read, write, understand, speak English  ❑ Has State ID or DL  ❑ Is 18 years or older  ❑ Is 16 years or older (CNA only) | | | | | | City:Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | State:Click or tap here to enter text. | | | | | | | ZIP Code:Click or tap here to enter text. | | | | | |
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| Occupation:Click or tap here to enter text. | | | | | | Employer:Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | Employer phone no.:Click or tap here to enter text. | | | | | | | |
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| Employer/State Agency/Other Third-Party Payor: Click or tap here to enter text. | | | | | | Contact Name: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | Contact phone no:Click or tap here to enter text. | | | | | | | | | | Contact email: Click or tap here to enter text. | | | | | | | |
| Emergency Contact Person: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | Contact phone no: Click or tap here to enter text. | | | | | | | | | | Contact email:Click or tap here to enter text. | | | | | | | |
| Language: Are you able to read, write, understand, and speak English? ❑ Yes ❑ No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Class registration and preference class, dates and times ---- class schedules, dates, times, locations, and new class offerings are available online at www.realnurseeducate.org. Please make your choice of classes, dates, times, and locations carefully. Please consider a 1st and 2nd choice for the class you register for to make sure you can take the class. If your 1st choice for class is full, our staff will automatically move you to your 2nd choice for no additional cost. Once you know the dates, times, and locations, list them below. Only two choices allowed on one registration form. R.E.A.L. Nurse Educate can add, cancel, and deleted classes at any time. Class 1: \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1st Choice Date: ­­­\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_ 1st Choice Time: \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_  Class 2: \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Choice Date: ­­­Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Choice Time: \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Continuing Education Information:R.E.A.L. Nurse Educate offers continuing education classes for CBRF, CNA, PCW certification. A wide variety of topics are offered and taught by qualified instructors. Students receive one credit for each hour of participation in the class. Classes are offered in one-hour increments with a different topic each hour. Certificates of participation are issued for all classes.  Continuing education classes are available for $25 per hour per class. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLEASE READ: Payment should be sent with the registration form or via online with receipt of the online registration form. Registration forms will not be processed and students will not be registered for classes until full payment is received.  If students wish to pay for several class at one time, this is acceptable. An additional registration form must be received for each time you want to take a class. (i.e. if you take two classes, one registration form is required and both classes need to be paid in full). If you register for two classes, but decide to take one, a 48-hour notice from the date and start of the class needs to be submitted to receive a refund for the second class. Online registration/deposit/down payment fees are non-refundable and cannot be transferred to another class. If you pay by money order, the full payment for the class must be sent with the registration form. Same day registration late fee is $15 in addition to the payment for the class. Money orders are the only accepted method of payment for same day late fee registration and class fee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acceptable forms of PAYMENT - Please indicate method of payment for the CBRF classes (Please note: cash nor checks **are accepted**):   * Money order (Payment made to R.E.A.L. Nurse Educate and sent with form) * Credit /Debit card - Go to BOOK Online at [www.realnurseeducate.org](http://www.realnurseeducate.org) * Employer/State Agency/Third Party Invoice (must be pre-approved byR.E.AL Nurse Educate (Please plan early to be approved for this type of payment); email paid invoice to [realnurseeducate@outlook.com](mailto:realnurseeducate@outlook.com). * Once your invoice or correspondence is received and verified, you will be enrolled in the class. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total amount being sent in with this registration form: $\_\_\_\_\_\_\_\_\_\_ (If you are paying by money order, the total amount due for the classes needs to be included with this registration form. Students will not be registered for class or classes without payment in full or a seat reserved in any class without payment in full). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Certification Statement and Signature:**I, Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that I have fully read the terms and agree to the terms of this registration form to attend R.E.A.L. Nurse Educate CBRF training classes. I understand that a registration letter will be sent via email only confirming my registration and payment and that I am now approved to attend the class. I agree to keep an email on file so that I may receive correspondence from R.E.A. L. Nurse Educate. Signature: \_\_\_\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature (Employer/State Agency/Third Party): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please complete and return this form to **(Attention: \_\_\_\_\_\_\_\_\_\_\_\_Training Program**) via the following:Email: realnurseeducate@outlook.comFax: 1-877-516-7554Mail: 12605 West North Avenue, #282, Brookfield, WI 53005 Questions regarding registration or class schedule please call (414) 522 – 0455, option 2, School and Education Services or [realnurseeducate@outlook.com](mailto:realnurseeducate@outlook.com) or view our website at www.realnurseeducate.org | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Thank you for choosing R.E.A.L. Nurse Educate and giving US the opportunity to Serve YOU! Blessings!** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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