



Mail In Registration Form

Practice Development Course: _____

Learning Option (circle one):

Enroll & Begin Pay as You Go – Section # _____ Scheduled Class – Date _____

Email (You will receive course access information via this address): _____

Name: _____ Credentials: _____

Mailing Address: _____

Cell/Direct Line Phone: _____ RN License #: _____

Please review Terms and Conditions and complete registration form below:

National RN Practice Development Center Registration Terms and Conditions

REGISTRATION CONFIRMATION

Registration is complete when the registration form and payment have been received. Confirmation will be sent to the email address you provide on the registration form. To ensure you receive email communication, we recommend you use a personal rather than work email address as many employers block outside emails. To ensure that you receive emails from us please make sure to approve Contact Information (We only use this information to contact you with course related information. Your information is not sold or shared.) National RN Practice Development Center as a sender.

COURSE ACCESS

Following completion of your registration you will receive an email with access and account set up details.

SUBSTITUTIONS

The participant registered for the course must be the one attending and completing the program. No substitutions will be made for participants who are unable to complete the program.



REFUND/CANCELLATION POLICY

If you have registered but not accessed the eLearning platform and program content a full refund minus a 20% electronic/administrative processing fee will be refunded. The National RN Practice Development Center will issue a refund check of the adjusted amount. Processing may take 10-15 days. Cancellation requests must be received in writing prior to beginning the course. Once you have accessed the eLearning classroom no cancellations or refunds will be made. Cancellation notices should be sent to: kelly.kruse@nationalrn.com.

In situations where there are unforeseen circumstances beyond the control of the National RN Practice Development Center faculty and the course must be cancelled, participants will be notified as soon as possible and offered an alternative learning option or a full refund. The National RN Practice Development Center is not responsible for any non-refundable travel and/or other expenses incurred by the participant.

AGREE TO REGISTRATION TERMS & CONDITIONS:

Yes! I have read, understand, and agree to the National RN Practice Development Center registration terms and conditions.

COURSE TUITION: \$ _____ DISCOUNT CODE (If applicable): _____

TOTAL Amount Enclosed: _____

Checks should be made payable to the **National RN Practice Development Center LLC** and sent to:

National RN Practice Development Center
2020 County Rd Z
Blue Mounds, WI 53517

Questions should be directed to:

Kelly Kruse Nelles MS RN APRN-BC
Executive Director
National RN Practice Development Center LLC
Kelly.Kruse@nationalrn.com
(608) 437-6035 CST

OFFICE USE:

Date Registration Received _____ Check # and Amount: _____

Deposited: _____ Course Access Email Sent: _____