



HELENE FULD COLLEGE OF NURSING
DIVISION OF CONTINUING EDUCATION
24 East 120th Street
New York, NY 10035

**Course Registration
for
RN Refresher Course**

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Fax: _____

Email address: _____

Yes, I want to attend the RN Refresher course that will occur on July 18th, 19th, 24th, 25th, August 1st, and August 2nd.

OR

Yes, I want to attend the RN Refresher course that will occur on September 19th, 20th, 26th, 27th, October 3rd, and October 4th.

To register, you will need to submit copies of the following documents:

- Active RN license
- Current CPR card
- Malpractice insurance
- Personal health insurance
- Physical exam within the last year
- Immunization profile (Hepatitis B, Rubella, Rubeola, Chickenpox, PPD status)

Mail this registration form, the required documents, and a certified check or money order for \$750.00 (payable to Helene Fuld College of Nursing) to:

Helene Fuld College of Nursing
Division of Continuing Education
24 East 120th Street
New York, NY 10035

For further information, you may contact Paulette Dennis (212) 616-7254, or email her at paulette.dennis@helenefuld.edu