MHS Academy Programs Selection Form



Name:	Emp. ID #:	Dept Name:	
AFFILIATE:			
MHS Corporate Methodist Jennie Edmundson Methodist Fremont Health	Methodist HospitalMethodist Women's HospitalMethodist Physicians Clinic	Nebraska Methodist CollegeShared Service Systems	
APPLYING FOR SPONSORSHIP IN THE	FOLLOWING ACADEMY:		
Nursing Assistant to BSN*Surg Tech to BSN*RN to BSNRN to MSN	MSN (BSN to MSN) Bachelor of Science in Healthcare Management Associate of Science in Respiratory Therapy*		
*Must be accepted by Admissions into	o the NMC degree program before ap	pplying for Academy sponsorship.	
	s for the MHS Academy Programs a	nd agree to the program guidelines.	
Employee Signature:			
IMMEDIATE SUPERVISOR REFERRAL	CNO/VICE	PRESIDENT APPROVAL	
Print Name:	Print Nam	e:	
Department:	Departme	nt:	
Signature:	Signature:	Signature:	
Date:	Date:	Date:	
DEPARTMENT SUPERVISOR APPROVA	AL HUMAN F	RESOURCES APPROVAL	
Print Name:	Print Nam	Print Name:	
Department:	Departme	Department:	
Signature:	Signature:	Signature:	
Date:			

SUBMIT: Send the completed form via interoffice mail to **G** - Kelli Petersen for Human Resources approval.

Selection for the Academy is based upon acceptance to Nebraska Methodist College, completion of approved Academy selection form and availability of Academy funds. **Spaces are limited and candidates will be evaluated based on qualifications and organizational need.**

Upon approval of selection into the Academy, employees will sign a sponsorship agreement. This sponsorship agreement is the final step of approval into the Academy and must be signed prior to the start date of Academy-sponsored classes. **Tuition expenses will not be covered under the Academy until the signed sponsorship agreement is in place.**

Human Resources Contact: Kelli Petersen (402) 354-2210 or kelli.petersen@nmhs.org
Nebraska Methodist College Contact: Michelle Olson (402) 354-7200 or admissions@methodistcollege.edu