



MHS Academy Programs Selection Form

Name: _____ Employee ID #: _____ Dept Name _____

Affiliate:

MHS Corporate Offices Methodist Hospital Women's Hospital Methodist Jennie Edmundson
 Methodist Physicians Clinic Shared Service Systems Methodist College Methodist Fremont Health

Applying for sponsorship in the following Academy:

RN to BSN RN to MSN MSN (BSN to MSN) Bachelor of Science in Healthcare Business
Management Medical Assistant

I have read the eligibility guidelines for the MHS Academy Programs and agree to the program guidelines.

Employee Signature _____ Date _____

Complete the form with appropriate signatures.

Immediate Supervisor Referral

First Name Last Name Department

Signature Date

Department Supervisor Approval

First Name Last Name Department

Signature Date

Vice President Approval

First Name Last Name Department

Signature Date

Human Resources Approval

Signature Date

Submit form Inter-Facility delivery 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. 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
- Nebraska Methodist College Contact: Megan Kokenge, 402-354-7200 or admissions@methodistcollege.edu