



# 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  Master of Science in Business Administration  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](mailto:admissions@methodistcollege.edu)