

MHS Academy Programs Selection Form

_____ Employee ID #: _____ Dept Name _____ 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: __ Nursing Assistant to BSN* __ RN to BSN __ RN to MSN __ MSN (BSN to MSN) Bachelor of Science in Healthcare Business Management *Nursing Assistants must be accepted by Admissions into the NMC BSN degree program before applying for Academy sponsorship. I have read the eligibility guidelines for the MHS Academy Programs and agree to the program guidelines. Employee Signature ___ 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 CNO/Vice President Approval First Name Last Name Department Signature Date **Human Resources Approval**

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. **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.**

Date

- Human Resources Contact: Kelli Petersen, 402-354-2210
- Nebraska Methodist College Contact: Megan Kokenge, 402-354-7200 or admissons@methodistcollege.edu

Signature