

# MHS Academy Programs Selection Form



Name: \_\_\_\_\_ Emp. ID #: \_\_\_\_\_ Dept Name: \_\_\_\_\_

**AFFILIATE:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> MHS Corporate              | <input type="checkbox"/> Methodist Hospital          | <input type="checkbox"/> Nebraska Methodist College |
| <input type="checkbox"/> Methodist Jennie Edmundson | <input type="checkbox"/> Methodist Women's Hospital  | <input type="checkbox"/> Shared Service Systems     |
| <input type="checkbox"/> Methodist Fremont Health   | <input type="checkbox"/> Methodist Physicians Clinic |   |

**APPLYING FOR SPONSORSHIP IN THE FOLLOWING ACADEMY:**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> BSN*         | <input type="checkbox"/> MSN (BSN to MSN)                             |
| <input type="checkbox"/> RN to BSN    | <input type="checkbox"/> Bachelor of Science in Healthcare Management |
| <input type="checkbox"/> RN to MSN    | <input type="checkbox"/> Associate of Science in Respiratory Therapy* |
| <input type="checkbox"/> RRT to BSRT* |   |

\*Must be accepted by Admissions into the NMC 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: \_\_\_\_\_ Date: \_\_\_\_\_

**IMMEDIATE SUPERVISOR REFERRAL**

Print Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**CNO/VICE PRESIDENT APPROVAL**

Print Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**DEPARTMENT SUPERVISOR APPROVAL**

Print Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**HUMAN RESOURCES APPROVAL**

Print Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
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](mailto:kelli.petersen@nmhs.org)  
Nebraska Methodist College Contact: Michelle Olson (402) 354-7200 or [admissions@methodistcollege.edu](mailto:admissions@methodistcollege.edu)