

## Nurse Resident Information:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Work / Office Phone

\_\_\_\_\_  
Personal / Cell Phone

\_\_\_\_\_  
Work Email

\_\_\_\_\_  
Personal Email

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## Payment Options and Information:

- One-Time Payment of \$3,000       Monthly payments of \$250 per month
- Pay by Check (*please make check payable to ruralMED*)
- Invoice me: *Please provide billing information below if different than the above*

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

- Pay by Credit Card:     Visa       MasterCard       Discover

Name on Card: \_\_\_\_\_

Credit Card#: \_\_\_\_\_

CVV #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Submit Your Enrollment:

Submit your enrollment form and payment:

**Mailing address:** ruralMED Management Resources  
PO Box 470  
Holdrege, NE 68949

**Email:** [NAckles@ruralmed.net](mailto:NAckles@ruralmed.net)

**Space for ruralMED Administrative Comments:**