

# MERAKII COLLEGE OF HEALTH REMEDIATION PROGRAM

## Enrollment Agreement Acknowledgement Declaration

I, the undersigned, hereby acknowledge and declare that all information provided in connection with my enrollment in the Merakii College Nursing Remediation Program is true, complete, and accurate to the best of my knowledge. I understand that providing false or misleading information may carry serious consequences, including, but not limited to, penalties under applicable laws.

I confirm that I have thoroughly reviewed the **Merakii College Remediation Course Participant Handbook** and fully accept the policies, procedures, and requirements therein. I understand and agree to comply with all program guidelines as outlined in the handbook.

To satisfy the requirements mandated by the **Florida Board of Nursing (BON)**, I acknowledge the following:

- I must complete a total of **96 clinical hours**, consisting of experiences in both **Medical-Surgical** and **Ambulatory Care** settings.
- These hours may be completed in an approved clinical facility or through high-fidelity simulation. However, I understand that no more than **48 clinical hours** may be earned through simulation.
- If I reside outside the state of Florida and wish to pursue licensure through the Florida BON, I must complete all required clinical hours **in person within the state of Florida**.

In addition to clinical requirements, I understand that successful program completion also requires:

- Completion of **80 didactic hours**,
- Timely and satisfactory submission of all homework assignments,
- Achievement of **passing scores** on all required examinations, and
- **Full payment** of all applicable program fees.

I further acknowledge that I will not receive a **Completion Letter for the Board of Nursing** unless all components—didactic hours, clinical hours, examinations, assignments, and payments—are completed and fulfilled in accordance with program standards.

I fully recognize that acceptance into the Merakii College RN Remediation Course is based on individual qualifications and **does not guarantee** success on the NCLEX-RN examination. I affirm that I have had the opportunity to seek clarification on any aspect of the handbook or program prior to signing this agreement and that I have taken all necessary steps to ensure my full understanding of the program's expectations.

I am aware that the **enrollment and registration fee becomes non-refundable after three (3) calendar days** from the date of payment. I understand the importance of this policy and agree to its terms without reservation. I have retained a signed copy of this Enrollment Agreement Acknowledgement Declaration for my personal records.

By signing below, I affirm my commitment to comply with the outlined standards and responsibilities. I understand the gravity of this undertaking and pledge to uphold the integrity, diligence, and accountability required for successful completion of the Merakii College Nursing Remediation Program.

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### **Digital Signature Section**

#### **Participant Information**

- **Full Legal Name:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Date Signed:** \_\_\_\_\_
- **IP Address (for digital audit trail):** \_\_\_\_\_

#### **Digital Signature Agreement**

By entering my full legal name below and submitting this form electronically, I affirm that this digital signature carries the same legal effect as a handwritten signature. I acknowledge and agree to the terms set forth in this Enrollment Agreement Acknowledgement Declaration.

#### **Participant Digital Signature (Type Full Name):**

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#### **Merakii College Authorized Representative**

- **Name:** \_\_\_\_\_
- **Title:** \_\_\_\_\_
- **Date Approved:** \_\_\_\_\_
- **Digital Signature:** \_\_\_\_\_