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NCLEX REVIEW COURSE

SYLLABUS & HANDBOOK

Welcome to the start of your 6-week NCLEX Review Course with Broward-Miami Health Institute! This 6-8 week (last 2 weeks for in person clinical if needed) course will prepare you to pass the NCLEX the next time you take it, as long as you meet the expectations set by your instructor. Students are expected to complete all diagnostic exams, quizzes, and homework required in the course. Failure to complete assignments by the set due dates will result in falling behind, which jeopardizes your success in the course and therefore on the NCLEX.

**COURSE MATERIALS:**

This course is all-inclusive and does not require any outside resources for completion. Study materials include: (1) Matus NCLEX Review Book, (1) Academic Planner, access to online Student Portal, 6-month access to Lippincott Passpoint-RN/PN account, (12) Content Review Study Workbooks, and (1) Test Strategies Study Workbook.

**CLASS STRUCTURE & ATTENDANCE POLICY:**

This is a 6-8 week course with lectures taking place every Tuesday and Thursday from 6 p.m. - 10 p.m. EST in a group setting. About 1-2 systems are covered each lecture. The course consists of two parts: Content Review and Test Strategies.

Students are expected to attend class either in person or via the live or recorded Zoom lecture online twice a week. Please have the corresponding workbook(s) ready for the topic being covered in that class.

If you are unable to attend class during live hours, you may watch the recorded lectures at your convenience. Recorded audio and video lectures are uploaded on the Student Portal the day after each class. Students are expected to attend or watch both lectures by the end of the week, before the following week’s new material. Failure to keep up with course lectures will result in falling behind in content. Please keep this in mind when not attending class in person and watching lectures in your own time.

**LIPPINCOTT PASSPOINT:**

Lippincott Passpoint will be used on a weekly basis throughout the course to track your progress. A diagnostic exam should be completed within Week 1 of the course so the instructor may evaluate your results.

Each student is required to master all topics in Passpoint that are covered throughout the course. You will achieve this by taking multiple practice quizzes (5 or 10 questions each) until you reach the Mastery Level required for that particular assignment. Students may have to complete anywhere from 15 to 40 quizzes to master each topic, depending on their level of expertise.

Please keep this in mind when planning time in your busy schedules to complete quizzes.

**CLINICAL SKILLS DAY:**

Clinical Skills Day takes place during Week 7 of the course. This class consists of 4 hours of hands-on clinical skills practice instead of lecture. Please try to attend in person if possible, as this class will be taking place in our Clinical Skills Lab. However, it is still available to watch live via Zoom. Scrubs are not required but please wear comfortable clothing that is appropriate for the physical activities that will be performed. (\*Remedial Students Only: if completed, these 4 hours WILL count towards your 96 hours of clinical skills required by the FL Board of Nursing.)

**PAYMENT AND REFUND POLICY:**

Total cost of the course: $1000 for NCLEX Review; $2000 for NCLEX Remedial

**NCLEX REVIEW**: Initial payment of $500 must be made in order to receive course materials for either Content or Test Strategies. Remaining $500 payment must be made 2 weeks later, upon which the remainder of course materials will be received.

**NCLEX REMEDIAL**: Initial payment of $500 must be made in order to receive course materials for Didactic Portion. Remaining $1500 balance must be made in 3 payments of $500 each 2 weeks apart, upon which access to Clinical Virtual Simulator will be received.

If making multiple payments, students must agree to sign a credit card authorization form and keep an account on file, from which scheduled payments will be deducted on dates agreed upon by the student and the tutor. All payments are non-refundable.

(\*\*REMEDIAL STUDENTS ONLY: Upon completion of the course, Broward-Miami Health

Institute will send remedial students’ name to the Florida Board of Nursing and they will qualify to sit for the NCLEX an additional 3 times. Completion of the course requires FULL adherence to all class requirements, instructor guidelines, and assignments by the student. Failure to fully complete the course will not allow the student's name to be sent to the Board.\*\*)

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(NCLEX Remedial Course)

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student’s name), have received and read the NCLEX Review Course Syllabus & Handbook. I agree to all terms and conditions listed and understand that I must complete 80 didactic hours and 96 clinical skills hours, including all required assignments and attendance days. I agree that assignments, exercises or homework form an integral part of tutoring and undertake to complete such work in a timely manner. All course fees must be paid and the course fully completed as recommended by the instructor in order for my Completion Letter to be sent to the FL Board of Nursing. Failure to fully comply with course requirements will prevent my name from being sent to the FL Board of Nursing. I understand that all payments are non-refundable and the instructor makes no guarantees with regards to my performance as a result of the course.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**NCLEX REMEDIAL Tutoring Agreement**

CONFIDENTIALITY AGREEMENT

Address: 6320 Miramar Pkwy Ste I, Miramar, FL 33023 Phone: 754-204-2704 Email: info@browardmiamihi.com

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Hereinafter referred to as the"Student")

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

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOW, THEREFORE, in consideration of the mutual covenants and promises made by the parties

hereto, the Disclosing Party and the Receiving Party (individually, each a “Party" and collectively, the “Parties") covenant and agree as follows:

# 1. SCHEDULE OF LESSONS

SCHEDULE OF LESSONS Tutoring shall commence on first day of class on an ad hoc basis as mutually agreed upon by Tutor and Student.

1. PAYMENT Payment shall be made prior to completion of tutoring sessions OR Payments shall be made weekly in advance. Accepted methods of payment: Cash, All major credit cards, and Paypal.

# 2. INSTALLMENT PAYMENT ARRANGEMENT

This is to confirm the arrangement under which we will accept payment of your outstanding balance of $1000 (Review) or $2000 (Remedial) in installments. By admission of the full amount of the account and acceptance of the terms of our agreement. We will, then, accept payment of the account, in consecutive installments. Only if student agrees to these terms a separate document shall be signed by tutor and student in regards to details of installments.

# 3. CANCELLATION OF LESSONS BY STUDENT

The Student may cancel tutoring by giving at least 24 hours prior notice to the Tutor in which case no fees will be incurred. No refunds shall be given in respect of lessons if the tutor is given less than 24 hours prior notice of cancellation.

# 4. FEES PAYABLE TO THE TUTOR

Fees shall be calculated at a rate of $1000 for NCLEX Review of $2000 for NCLEX Remedial for in person/online tutoring in group sessions with a minimum of 4 hours each session. No further fees shall be charged for traveling or preparation time of the Tutor. Fees may be adjusted from time to time and shall become effective after having given the Student (3) days written notice.

**NCLEX REMEDIAL/REVIEW Comprehensive Review**

Total: $1000.00 (Review)

Total: $2000.00 (Remedial)

Deposit Included in price: $500.00 (if applicable)

# 4. CANCELLATION OF LESSONS BY TUTOR

The Tutor may cancel lessons by giving 24 hours prior notice to the Student in which case no fees shall be incurred. Where a lesson was prepaid, the Tutor shall reschedule the appointment at a time agreeable to both parties, failing which the Student shall be refunded with such a missed lesson fee.

# 5. LATE ARRIVAL

According to the times stipulated in the schedule, no adjustment shall be made for time lost because of late arrival by the Student. Any lost time because of the late arrival of the Tutor shall be compensated for by extending a lesson by mutual agreement and by such amount of time that was lost.

# 6. OBLIGATIONS OF THE TUTOR

The Tutor undertakes to do all preparation prior to lessons and to structure lessons in such a way as to optimize time to the benefit of the Student. \*The Tutor shall keep confidential all information of the Student. The Tutor shall not assign any of his/her duties or obligations under this tutoring contract to a third party without the written permission of the Student.\* The Tutor shall at no time be required or obliged to execute homework or assignments on behalf of the Student.

# 7. OBLIGATIONS OF THE STUDENT

The Student undertakes to assist the Tutor in identifying problem areas in which the Student needs specific tutoring. The Student agrees that assignments, exercises or homework form an integral part of tutoring and undertakes to complete such work timeously. **\***Letter of Completion will NOT be sent to the FL Board of Nursing on behalf of the student if they do not complete all assignments and expectations of the tutor.

# 8. NO WARRANTIES

The Tutor makes no promises or warranties with regards to a Student's performance as a result of any tutoring provided.

# 9. STATUS OF THE TUTOR

It is expressly understood that the Student retains the services of the Tutor as an independent contractor and not as an employee. The Tutor shall be responsible for his/her insurance and for all statutory declarations and contributions with regard to income tax.

# 10. TERMINATION

This tutoring contract may be terminated by either party at any time by giving the other party (3) days prior written notice.

# 11. RELAXATION OF TERMS

No relaxation, indulgence, waiver or release by any party of any of the rights in terms of this agreement on one occasion shall prevent the subsequent enforcement of such rights and shall not be deemed to be a waiver of any subsequent breach of any of the terms.

# 12. REPRESENTATIVE ACKNOWLEDGMENTS

The Receiving Party acknowledges that: (i) this Agreement has been specifically bargained between the parties and reviewed by the Receiving Party, (ii) the Receiving Party has had an opportunity to obtain legal counsel to review this Agreement, and (iii) the covenants made by and duties imposed upon the Receiving Party hereby are fair, reasonable and minimally necessary to protect the legitimate business interests of the Disclosing Party, (iv) such covenants and duties will not place an undue burden upon the Receiving Party's livelihood in the event of termination of the Receiving Party's business relationship with the Disclosing Party and the strict enforcement of the covenants contained herein, and (v) this agreement constitutes the entire understanding between the parties with regard to the subject matter thereof and the parties waive the right to rely on any alleged expressed or implied provision not contained herein. Any alteration to this agreement must be in writing and signed by both parties.

Broward-Miami Health Institute Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date



**CREDIT CARD AUTHORIZATION FORM**

NCLEX REMEDIAL/REVIEW COURSE

Please complete all fields. You may cancel this authorization at any time by contacting us in writing. This authorization will remain in effect until cancellation for all payments have been made.

Credit Card: (Must circle one)

MasterCard VISA Discover AMEX

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Name (as shown on card) **Cardholder Name and Student Name MUST match**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_\_\_\_\_

Cardholder ZIP Code (from credit card billing address): \_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize **Broward-Miami Health Institute** to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree that I am in fact the card holder and I agree to have the below amounts deducted from my card above.

For Zelle Payments: 954-248-0669 (Broward-Miami Health Institute)

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**NCLEX REVIEW: $1000.00 total**\*\*If doing a payment plan, payments are due as follows:

$500.00 to start

$500.00 due 2 weeks later

Minimum $500.00 non-refundable deposit due to reserve seat in course; remaining payments may be made in weekly increments or paid in full, but must be paid by the dates above (at the latest) in the corresponding amounts shown.\*\*

|  |  |
| --- | --- |
| Dates of Deduction: | Amount of Deduction |
| 1st | $ |
| 2nd | $ |

Total Payment Due: $1000.00

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NCLEX REMEDIAL: $2000.00 total**\*\*If doing a payment plan, payments are due as follows

$500.00 to start

$500.00 due 2 weeks later

$500.00 due 2 weeks later

$500.00 due 2 weeks later

$2000.00 total

Minimum $500.00 non-refundable deposit due to reserve seat in course; remaining payments may be made in weekly increments or paid in full, but must be paid by the dates above (at the latest) in the corresponding amounts shown.\*\*

|  |  |
| --- | --- |
| Dates of Deduction: | Amount of Deduction |
| 1st | $ |
| 2nd | $ |
| 3rd | $ |
| 4th | $ |

Total Payment Due: $2000.00

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student) understand that **at least** 48 hours of the total 96 clinical hours in remediation MUST be done in person at a FL clinical facility, as required by the FL Board of Nursing (the option of completing all 96 hours in person is also available). I agree to complete these hours at the clinical facility contracted by Broward-Miami Health Institute and will abide by their requirements of attendance and regulations established by the facility. These may include but are not limited to:

* Level II Background Check
* Physical
* PPD results
* Immunization records (including COVID, influenza, hepatitis B, MMR, Tdap, varicella,

etc.)

I understand that by not fulfilling the clinical facility’s requirements or not abiding by their procedures, I will not be allowed to attend clinical hours there. I understand that my name will not be sent to the FL Board of Nursing until a total of 96 clinical hours are completed, at least 48 of which must be in person.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_