MESA COMMUNITY COLLEGE

RN REFRESHER PROGRAM APPLICATION PACKET

Dear Applicant,

Thank you for your interest in MCC’s RN Refresher Program. Please review the entire RN Refresher Program Information Packet posted on our website (www.mesacc.edu/refresher) prior to submitting your application materials. The packet outlines your options for preceptorship/clinical placement, as well as program enrollment requirements. Please fill out the entire packet (it will be returned to you if it is not filled out completely).

**Student Finds Own Preceptor**

If you have found your own preceptor, please submit the following materials:

1. RN Refresher Program Application form
2. Preceptor Data Sheet (in this packet)
3. Nurses with Arizona licenses: download & attach a copy of your online license verification from the Nursys website: *https://www.nursys.com*

**School-Assisted Placement**

If you desire a school assisted clinical placement, if available, please submit the following materials:

1. RN Refresher Program Application form
2. Request for School-Assisted Preceptorship/Clinical Placement form
3. Please choose which Banner hospital you would like to be placed in and the floor (medsurg, telemetry, etc)
4. Nurses with Arizona licenses: download & attach a copy of your online license verification from the Nursys website: *https://www.nursys.com*

**Submit application materials to William Forgione, Program Coordinator, via:**

* E-mail: megan.kirschner@mesacc.edu

 You will be contacted by the program coordinator following review of your application materials.
 If you meet all enrollment requirements, further instructions will be provided at that time.

 Please do not hesitate to contact me with any questions.

Sincerely,

*Megan Kirschner*

Megan Kirschner DNP, MSN, RN

RN Refresher Program Coordinator

Mesa Community College

megan.kirschner@mesacc.edu

480-461-7928

**RN REFRESHER PROGRAM APPLICATION**

**Anticipated Start Date**: Semester\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (PRINT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

All names previously used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RN/TRN License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Expiration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nursing Schools Attended**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of School | City/State | Country | Dates Attended | Type of Certificate or Degree  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Briefly describe your nursing work history (***a preceptorship in a specialty area requires prior experience in that area, please provide resume with proof of experience in that area).***

2. How many years have you been out of nursing practice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How did you hear about this program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Have you attended another RN refresher program in the past?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. If you have found your own preceptor, attach a copy of the signed Preceptor Data Sheet validating your preceptorship
 placement.

5. If you would like to pursue a school-assisted placement at select facilities, attach a copy of the Request for School-
 Assisted Preceptorship Placement form.
6. Nurses with Arizona licenses: download & attach a copy of your online license verification from the Nursys
 website: [*http://www.nursys.com*](http://www.nursys.com).

7. Do you have any past or current disciplinary actions taken upon your license? Yes\_\_\_\_\_ No\_\_\_\_\_\_

**RN Refreshers must possess an unrestricted license to meet eligibility requirements for the NUR295 RN Refresher clinical component of the refresher program. If there are any past or current restrictions on your active, inactive, lapsed, or re-issued license (disciplinary action, monitoring agreement, etc.), MCC is unable to oversee a clinical experience for you.**

My signature signifies my acknowledgment of, and compliance with, the following program requirements:

**· I have read and understand the RN Refresher Program Information Packet**

**٠ My RN license (active, inactive, lapsed, re-issued) is unrestricted; I am not currently under investigation by any state**

 **boards of nursing; I have no past or current disciplinary actions taken upon my license.**

**٠ I understand that a preceptorship experience in a specialty area (pediatrics, obstetrics, mental health) requires that I**

 **have prior RN experience in the selected specialty area (subject to verification w/ a resume/CV).**

**٠ I have provided true, correct, and complete information.**

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

**REQUEST FOR SCHOOL-ASSISTED PRECEPTORSHIP PLACEMENT
*(If available****)*

**Name (print): \_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Select your preference for clinical placement and complete related section below.

[ ] Hospital

[ ] Non-Hospital

1. Hospital Placement Requests:

-Are you a current or former employee of either Banner Health, Mayo Clinic, or Honor Health facility?

-If you are a former employee what was your job title and what were the dates of your employment?

Which clinical area would you like to request and at which hospital (s)?

1. Non-Hospital Placement Requests (these cannot be offered through the school at this time):

-What specific area are you interested in?

- Do you have prior experience in the area listed above?

1. If you are requesting a preceptorship in a specialty area (OB, Peds, ICU, ER), attach

 a resume including your relevant nursing experience in the specialty area.

 Name of **RN Refresher**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preceptor Data Sheet**

**Preceptor** Name and Credentials (RN, BSN, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RN License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Required by Arizona State Board of Nursing*)

Number of years practicing nursing \_\_\_\_\_\_ Are you related to this RN refresher? Yes \_\_\_\_ No \_\_\_\_

Name of Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_

Unit / Unit Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number where you can be reached: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time in clinical practice at this agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received an RN Refresher Preceptorship Packet? Yes No
*I agree to accept the role and responsibilities of preceptor for the MCC Nurse Refresher Student.*

**Preceptor Name** (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Area Supervisor Approval*

**Name** (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*For faculty use only:
Verification of preceptor licensure completed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*