WAUKESHA COUNTY TECHNICAL COLLEGE
LPN UPDATE COURSE
Questionnaire

Name:______________________________
Phone:(_____)_______________________
Email:______________________________

1. I have _____ years experience in nursing. I have been out of practice _____ years.

2. My primary practice areas have been in: (Include setting, years and specialty)
   For example, “worked 5 yrs in hospital on med/surg unit, 3 yrs in home care.”

3. When I complete the Update Program, I would like to work in:
   Nursing home ____ Hospital ____ Clinic ____ Other (name) ____ Not sure ____

4. I have an active license to practice nursing in the State of Wisconsin. _____yes
   _____ no* (please explain)____________________________________________

5. For my clinical experience, I have a specific facility in mind. (Please list- if any)
   Name of facility:__________________________Contact:__________________
   Address: _________________________________________________________

6. Computers are being used extensively in health care today. Please rate your
   computer skills. Strong (able to search web, do email) OR Weak (rarely use the
   computer or ask for assistance from friends/family if needed)________________

7. If necessary for clinical, I will be able work days, evenings and/or weekends
   __________ yes __________ no

8. I am aware that the following need completion prior to the start of the clinical
   experience- CPR for Healthcare Provider and Health Requirements (physical
   exam within prior one year, 2 step TB skin test in prior 6 mo, Tdap, MMR and
   varicella immunity, and initiation of Hep B series) _______yes _______ no*

9. I will be able to commit eight (8) weeks of my time to this program: ___yes
   ___no

10. Please describe the motivation for taking this course and measures that you may
    have taken over the years to continue your nursing education. ________________
    ____________________________________________________________________
    ____________________________________________________________________
    ____________________________________________________________________
    ____________________________________________________________________

* Complete information and requirements for the RN Update Program:
  www.wctc.edu/programs_&_courses/nursing_&_allied_health/index.php