

WAUKESHA COUNTY TECHNICAL COLLEGE  
**LPN UPDATE COURSE**  
**Questionnaire**

**Name:** \_\_\_\_\_

**Phone:**(\_\_\_\_\_) \_\_\_\_\_

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

2. My primary areas of practice have been in: (hospital, long term, etc)  
\_\_\_\_\_

3. I am most interested in updating my skills in: (physical assessment, pathophysiology, etc.) \_\_\_\_\_

4. I would like to receive my clinical experience at: (check one)  
Nursing home \_\_\_\_\_ Hospital \_\_\_\_\_ Clinic \_\_\_\_\_ Other (name) \_\_\_\_\_ Not sure \_\_\_\_\_

5. Computers are being used extensively in health care today. Please rate your computer skills. **Strong or Weak**  
\_\_\_\_\_

6. I have a specific facility in mind. (Please list)  
Name of facility: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_

7. My major strengths are: \_\_\_\_\_

8. My major limitations are: \_\_\_\_\_

9. I will be able to commit eight (8) weeks of my time to this program: \_\_\_yes  
\_\_\_no

10. Please describe your motivation for taking this course and measures that you may have taken over the years to continue your nursing education. (50-100 words). \_\_\_\_\_  
\_\_\_\_\_  
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