

Application for RN/LPN Refresher Program

Last Name		First Name		
Address		City	State	Zip
Home phone	Cell phone		Email address	
Emergency contact full name		Emergency contact phone number		

1. Wisconsin Nursing License (please check):

- Active
- Limited
- RN
- LPN

License Number: _____

2. If you have a limited nursing license, explain the situation:

3. Degree level:

- Practical Nurse
- Associate Degree Nurse
- Diploma Nurse
- Baccalaureate Nurse
- Other pertinent education: _____

4. Years of nursing experience _____

5. Years out of practice _____

6. Explain your primary practice areas of nursing. Include type of setting, years of work and any specialty areas:

7. Computers will be used in these courses and the clinical setting, check your skill level:

- Strong
Efficient at Microsoft Office, email and internet experience
- Medium
Knowledge of Microsoft Word, some email and internet experience
- Weak
Limited knowledge, needs assistance

Initial next to each as acknowledgment of program requirement:

- _____ I am aware that attendance for all scheduled class times are mandatory.
- _____ I am aware that I must complete a criminal background check at orientation.
- _____ I am aware that I must have up-to-date CPR training for Health Care Provider prior to the first day of clinical.
- _____ I am aware that I must meet the health care requirements completed through ProHealth Works clinics (physical exam, 2-step TB skin test, Tdap, MMR, Varicella, and Hepatitis B series) prior to the first day of clinical.
- _____ I am aware that I must have a passed drug screen completed prior to the first day of clinical.

Signature _____ Date _____

Submit completed form to Karen Boggio via:

Email: KBoggio@wctc.edu
 Fax: 262.691.5241
 Mail: WCTC, Attn: Karen Boggio, Room H-101
 800 Main Street, Pewaukee, WI 53072

