

RED ROCKS COMMUNITY COLLEGE

IV Certification Course

NUR 201 001

SEMESTER _____ YEAR _____

STUDENT INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Email: _____

STUDENT REGISTRATION

(This section is to be completed by Health Careers Office.)

1. Approved Background Check _____
2. Copy of current Colorado LPN or RN License _____
3. Copy of Drivers License _____
4. Current CPR Card _____
5. Copy of Schedule Adjustment Form _____
6. Directed to web for Drug Screen Letter _____