

RED ROCKS COMMUNITY COLLEGE

RN Refresher Course

SEMESTER _____

YEAR _____

STUDENT INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Email: _____

License: Active ____ Non-Active ____ If Lapse: ____ years

STUDENT REGISTRATION

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

1. Approved Background Check _____

2. Copy of current Colorado RN License _____

3. Copy of Drivers License _____

4. Current CPR Card (Infant, Child, and Adult) _____

5. Courses registered for:

NUR 290 001, NUR 291 501, HPR 210 001, HPR 102 _____

Clinical Site: _____

6. Copy of Schedule Adjustment Form _____

7. Directed to web for Immunization Packet _____

8. Directed to web for Drug Screen Letter _____