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**RED ROCKS COMMUNITY COLLEGE**

**RN Refresher Course Application**

**Please download this document, complete and save as a Word Doc. It may then be sent via email to Director of Nursing Programs: Tina Armijo, RN, MS**

**\*DURING COVID-19 Closure, please email complete applications to email listed below\***

Name:

Semester applying for: Spring: Fall: Year:

Address:

Preferred phone: Alternate phone:

Email address:

RN LICENSURE (Check that which applies.)

\_\_\_ I have a Colorado RN license. License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Active \_\_\_\_ Inactive\_\_\_\_

\_\_\_I have an out of state RN License. State\_\_\_\_\_\_\_\_\_\_\_\_ License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Active\_\_\_\_ Inactive\_\_\_\_

­­­\_\_\_My license has been suspended. State\_\_\_\_\_\_\_\_\_\_\_\_\_License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please explain clearly your nursing career, including why you left the workforce and why you wish to return at this time:**

WORK HISTORY (List all NURSING related jobs below.)

***\*\*Also, please attach a complete resume showing all jobs.\*\****

Employer:

City/State:

Dates of employment: to

Reason for Leaving:

Position:

Employer:

City/State:

Dates of employment: to

Reason for Leaving:

Position:

Employer:

City/State:

Dates of employment: to

Reason for Leaving:

Position:

Employer:

City/State:

Dates of employment: to

Reason for Leaving:

Position:

Employer:

City/State:

Dates of employment: to

Reason for Leaving:

Position:

Employer:

City/State:

Dates of employment: to

Reason for Leaving:

Position:

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**RN Refresher Course Questionnaire**

**(To be submitted along with Student Application)**

1. Why do you want to re-enter the nursing workforce?
2. What area(s) of nursing interests you upon your return to the workplace?
3. Rate your skill and comfort levels in the following areas (1 being lowest, 10 being highest) explain your skill level for each.:
4. the internet
5. Microsoft Word
6. Microsoft PowerPoint
7. APA format
8. Describe any concerns or barriers you may have about succeeding in this program.
9. Describe any concerns or barriers you may have about succeeding in the nursing workplace.
10. What areas of nursing do you feel are your strengths? Please list and describe 3. (i.e. IV starts, assessments, communication, organization)
11. Describe 3 areas of nursing in which you need the most improvement.
12. What do you most hope to learn or gain in this RN Refresher program?
13. How long have you been out of the nursing practice? Describe any concerns you have about returning to nursing after this period of time.
14. Clinical placement requires a background check and drug screen. Is there anything you’d like to share at this point in the application process that may be of concern?
15. Clinical rotations consist of 12 hour shifts in an Acute Care setting. The days of the week may vary. Is there anything about this requirement that is of concern to you?

**Please return the Application, Questionnaire and your Resume to:**

**Red Rocks Community College - RN Refresher Program**

 **Tina Armijo, RN, MS**

**10280 West 55th Ave., Arvada, CO 80002**

**tina.armijo@rrcc.edu**