



**MARICOPANURSING**

*Mesa Community College*

MESA COMMUNITY COLLEGE

**RN Refresher Program  
Information Packet  
2012**

Mesa Community College  
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**PROGRAM DESCRIPTION:**

The RN Refresher Program at Mesa Community College is approved by the Arizona State Board of Nursing. The program is available to registered nurses for the purpose of review and update of nursing theory and practice. In addition, successful program completion satisfies the Arizona State Board of Nursing RN license renewal requirement for applicants who do not meet the practice mandate as stated in The Nurse Practice Act, R4-19312 (B), “An applicant for licensure by endorsement or renewal shall complete a nursing program or practice nursing at the applicable level of licensure for a minimum of 960 hours in the five years before the date on which the application is received.”

Eligible candidates must meet the following program requirements:

- Practiced nursing as an RN after passing the national licensing examination or after obtaining RN licensure in a foreign country
- Practiced nursing as an RN within the last 15 years
- RN license (current, inactive, lapsed, or re-issued) is unrestricted and in “good standing” with the Arizona State Board of Nursing, i.e., no disciplinary action, monitoring or consent agreement, etc.
- Documented (resume, CV) RN experience in selected specialty area (pediatrics, obstetrics, or mental health).
- 

***\* BRING completed/signed RN Refresher Student Information & Agreement Form to NUR228 Orientation (see p. 12 of this packet)***

The RN Refresher Program is comprised of the following two courses:

**NUR228 Registered Nurse Refresher - 6 Credit Online Course**

Update of current principles of nursing theory and clinical skills for RNs returning to active nursing in a medical-surgical or specialty healthcare setting. Nursing pathways include medical-surgical, pediatric, obstetric, and psychiatric/mental health care. Concepts of caring, holism, critical thinking, and nursing process to provide safe nursing care for clients and their families. Application of professional nursing principles and theories related to health education and promotion for culturally diverse clients and families. Prerequisites: None

NUR228 is offered entirely online with the exception of one mandatory, half-day orientation during the first week of the course. Students will need to refer to the course syllabus for date, time, & location of the orientation.

The course is offered in a modular format. All nurses review a core Nursing Concepts module and a core Pharmacology module. In addition to these two modules, the nurse chooses a specialty module to update in either medical-surgical nursing, pediatric, obstetrical, or mental health nursing. A refresher may opt to update in more than one module. The only additional cost for updating in additional areas is the cost is the textbook(s) required for the specialty track(s).

**NUR229 Registered Nurse Preceptorship - 4 Credit Clinical Course**

Application of theoretical and clinical nursing concepts to clients and families in health care settings working under the supervision of a registered nurse preceptor with faculty guidance. Emphasis on application of



comprehensive nursing care concepts, nursing process principles, skills, and the caregiver role of the professional nurse. Prerequisites: NUR228, meets all health & safety requirements (see pp. 6-7 of this packet).

The Refresher must successfully complete NUR228 & have met all health & safety requirements *prior* to enrollment in NUR229, the precepted clinical course. NUR229 must be *started* within one calendar year of completing NUR228. If more than one year has elapsed since beginning the NUR228 course, NUR228 must be repeated prior to completing the preceptorship.

NUR229 is a hybrid, clinical laboratory course. Elements of the course are completed online, in the MCC skills laboratory, and in the clinical agency. There will be a minimum of four mandatory on-campus lab days that will address course requirements, preceptorship orientation, calculations testing, and clinical nursing skills practice and competency testing. Some campus days may be held on Saturdays. Students are required to purchase a Nurse Pack which includes supplies for skills practice and skills competency testing (see p. 11 for ordering information). A minimum of 144 hours of practice experience with an RN preceptor is required. The preceptorship is to be completed in the didactic specialty area the refresher has completed in the NUR228 course. In order to complete a preceptorship in either pediatrics, obstetrics, or mental health, the refresher must have prior RN experience in the selected specialty. Evidence of specialty work history is required.

Upon satisfactory completion of both the NUR228 and NUR229 courses, the faculty will send a letter to the Arizona State Board of Nursing to verify the refresher's successful program completion. The student will be awarded a Certificate of Completion in Nursing Refresher. Program completion does not guarantee that the nurse will be hired by any health care agency once the nurse receives an active license.

Options for preceptorship placement include:

**1. Non-hospital agency *within* Maricopa County / Non-hospital agency *outside* Maricopa County**

- Refresher finds his/her own preceptor
- Refer to "Process for Finding a Preceptor" on p. 4 of this packet

**Note:** A clinical contract between the agency and Maricopa Community Colleges is required for all clinical experiences. Check website for listing of current contracts:

[http://www.maricopa.edu/legal/search\\_clinicals/index.html](http://www.maricopa.edu/legal/search_clinicals/index.html)

**2. Hospital/acute-care agency *within* Maricopa County**

- Refresher uses the Maricopa Community College District online Clinical Agency Preceptor Scheduling system (CAPS) for preceptor assignment.
- **Please Note:** placement using the online, CAPS system **IS NOT GUARANTEED**
- **Refresher is NOT PERMITTED to make direct contact with hospital/acute care agency for placement consideration.**

**3. Hospital/acute care agency *outside* Maricopa County**

- Refresher finds his/her own preceptor; **must have a lap top computer with a WebCam**
- Refer to "Process for Finding a Preceptor" on p. 4 of this packet
- **Note:** A clinical contract between the agency and Maricopa Community Colleges is required for all placements. Check website for listing of current contracts:

[http://www.maricopa.edu/legal/search\\_clinicals/index.html](http://www.maricopa.edu/legal/search_clinicals/index.html)



## Process for Finding a Preceptor

Students who desire a hospital / acute care clinical experience, within Maricopa County, will receive instructions on how to use the Clinical Agency Preceptor Scheduling (CAPS) system. This is an online system that will facilitate student placements at local hospitals. Please note, placements are NOT GUARANTEED. Medical-surgical, pediatric, obstetrical and mental health placements are available.

### The CAPS System is Not Designed to Facilitate Preceptor Placements for the Following Students:

- 1) Students who want to complete a preceptorship outside of Maricopa County
- 2) Students who want to complete a preceptorship outside of a hospital setting in Maricopa County.

### For Students Who Will Find Their Own Preceptor, Please Follow the Instructions Below:

1. Select an agency you wish to utilize for your preceptorship – ideally, a potential future employer
2. Verify contract status on district website: [http://www.maricopa.edu/legal/search\\_clinicals/index.html](http://www.maricopa.edu/legal/search_clinicals/index.html)  
Search: “ALL SITES” / Keyword: “Nursing” OR, do a search on a specific agency
  - a. If the agency is on the list, call the educational contact listed for that agency & explain the following:
    - You are an RN refresher, not a nursing student
    - You would like to work in their agency
    - You need to complete 144 hours of a precepted clinical experience with an RN
    - Summarize the preceptorship experience (goals/roles of student & preceptor & school liason) & provide the agency with a copy of the RN Refresher Preceptorship Packet.
  - b. If the agency is not on the list, we do not have a contract with the agency. Follow the steps above and if the agency would like to pursue a contract agreement, provide the Program Coordinator with the following agency information:
    - Complete address
    - Phone number
    - Fax number
    - Name, phone number, e-mail address of person with *authority to sign a contract*
    - Name of person who agreed to preceptorship experience
3. Complete all agency-specific orientation requirements prior to the start of the preceptorship.



## APPLICATION PROCESS – APPLY ONLINE

Read information about the RN Refresher Program on the Mesa Community College RN Refresher website: [www.mesacc.edu/refreseher](http://www.mesacc.edu/refreseher) Complete your online application for enrollment from the website’s homepage.

Eligible candidates must meet the following program requirements:

- Practiced nursing as an RN after passing the national licensing examination or after obtaining RN licensure in a foreign country
- Practiced nursing as an RN within the last 15 years
- RN license (current, inactive, lapsed, or re-issued) is unrestricted and in “good standing” with the Arizona State Board of Nursing, i.e., no disciplinary action, monitoring or consent agreement, etc.
- Documented (resume, CV) RN experience in selected specialty area (pediatrics, obstetrics or mental health).

### ESTIMATION OF PROGRAM COSTS

The general tuition and fees for courses taken at Mesa Community College (MCC) are currently \$76 per credit hour. Additional program expenses are estimated below. *All costs are estimates* only and subject to change. Some costs will vary.

Tuition (10 credits)	\$ 760.00
Registration Fee (\$15.00 per session)	\$ 30.00
Fingerprint Clearance	\$ 65.00
*Course and Lab Fees	\$ 30.00
**Nurse Pack (includes shipping)	\$ 75.00
Textbooks/Course Materials	\$ 250.00
Background Check	\$ 67.00
Urine Drug Screen	\$ 61.00
Immunizations	\$ varies
CPR course	\$ varies
Malpractice Insurance	\$ 100.00
Reactivate License	\$ 160.00
***WebCam (if preceptorship is outside Maricopa County)	\$ 60.00
<b>TOTAL Estimated Cost</b>	<b>\$1275.00 – \$1600.00</b>

**\*Changes may occur in the fees stated in this document**

**\*\*See p. 11 for Ordering Information**

**\*\*\*Laptop computer required for experiences outside Maricopa County**



## NUR229 MANDATORY HEALTH & SAFETY REQUIREMENTS

### All Requirements, Except Urine Drug Screen, Must be Met Prior to Course Registration

#### 1. Measles, Mumps, Rubella (MMR)

- a. Documentation of proof of two previous MMR vaccinations, **OR**
- b. Positive titer for each of the diseases, **OR**
- c. For negative titers, submit documentation of receipt of 2 MMR vaccinations, one month apart

#### 2. Varicella (Chicken Pox)

- a. Positive IgG titer, **OR**
- b. For a negative titer, submit documentation of receipt of 2 vaccinations, 4-8 weeks apart

#### 3. Hepatitis B

- a. If have not received the Hepatitis B series in the past, submit documentation of completed series to include 2<sup>nd</sup> injection given 1 month after the 1<sup>st</sup> injection; 3<sup>rd</sup> injection given 5 months after the 2<sup>nd</sup> injection, **OR**
- b. Positive titer, **OR**
- c. Signed declination form (see p. 10 of this packet)

#### 4. Tetanus/Diphtheria (Td)

- Documentation of immunization within last 10 years

#### 5. Tuberculosis

- a. If never received a 2-Step TB Skin Test, must submit documentation of 2 negative PPD test results given within 1-3 weeks apart, **OR**
- b. If had previous 2-Step TB Skin Test, submit documentation of initial 2-Step TB Skin Test (1<sup>st</sup> & 2<sup>nd</sup> skin tests must be given 1-3 weeks apart) **and** documentation of negative annual update within the last 6 months, **OR**
- c. Negative chest x-ray within the last 2 years **and** annual documentation of TB disease free status per Tuberculosis Screening Questionnaire

#### 6. Health Care Provider Signature Form

- Form to be completed by a health care provider within 12 months of starting the preceptorship
- Form is available on p. 9 of this packet

#### 7. CPR Health Care Provider Training

- Copy of current Health Care Provider CPR card (both sides of card)
- CPR card must remain current through NUR229 course end date
- CPR training course must include an in-person skills demonstration
- Resources for classes are listed on p. 8 of this packet

#### 8. Fingerprint Clearance Card

- Level One Clearance is required. "Level One" must be printed on front of card
- Copy of Fingerprint Clearance Card (both sides of card)
- Fingerprint Clearance Card must remain current and valid through NUR229 course end date
- Application packets are available in the Nursing Department (Health & Wellness Bldg, #8)
- Please allow up to **8 weeks** to receive your card from DPS



### 9. Temporary or Active RN License

- Applications available from the Arizona State Board of Nursing: [www.azbn.gov](http://www.azbn.gov) (please note: you must first pay to renew an expired license prior to being issued a temporary license).
- The AZBN requires a separate fingerprinting process for RN applicants who are endorsing into Arizona and for applicants applying for licensure by examination. Please note, the fingerprints from your Fingerprint Clearance Card application can not be used for this purpose. You will need to obtain additional fingerprints; the AZ State Board will direct you .
- License must be current through NUR229 course end date
- Temporary licenses are only **valid for 6 months**. Apply for the license at least **6 weeks** before the start of NUR229 (you do not need a license to take the theory course)
- All students must remain in good standing with the Arizona State Board of Nursing
- Once enrolled, any students receiving disciplinary actions against their license must notify the Nursing Department Chair and RN Refresher Program Coordinator within five (5) school days. The Nursing Department Chair reserves the right to restrict the student's participation in clinical experiences and involvement with patient care until the license is valid and unrestricted.

### 10. Registered Nurse Malpractice/Liability Insurance

- Coverage must be for a registered nurse (not a student nurse)
- Coverage must be current through the NUR229 course end date
- Resources to obtain policies are listed on p. 8 of this packet

### 11. Background Check

- Open an account with Certified Background: go to [www.certifiedbackground.com](http://www.certifiedbackground.com)
- Click on the "Students" link found on the right side under "Order Now" In the Package Code box, enter: **ea00bg**
- Enter required information.

### 12. Urine Drug Screen – TO BE COMPLETED AFTER THE NUR229 COURSE BEGINS

- Forms & instructions for urine drug screen testing will be provided during the NUR229 course.

\* You are required to **purchase a Nurse Pack** for NUR229 skills practice and competency demonstrations. You will need to bring your Nurse Pack to the first day of NUR229 Orientation. Please see ordering instructions on p. 11 of this packet.

**PLEASE ORDER YOUR PACK FOR THE CORRESPONDING PROGRAM DATES** (see p.11)

- Spring/Summer (NUR228 in Spring/NUR229 in Summer)
- Summer/Fall (NUR228 in Summer/NUR229 in Fall)
- Fall/Spring (NUR228 in Fall/NUR229 in Spring)



## Resources for CPR Courses

<b>CPR Rescuers</b> <a href="http://www.cprrescuers.com">www.cprrescuers.com</a>	<b>Firefighter Association</b> <a href="http://www.cprinstruction.com">www.cprinstruction.com</a>
<b>123 CPR</b> <a href="http://www.123cpr.com">www.123cpr.com</a>	<b>Heart Savers Inc</b> <a href="http://www.heartsaversinc.com">www.heartsaversinc.com</a>

Online courses are not acceptable

\*MCC has no affiliation with any of these companies

## Resources for Malpractice/Liability Insurance

<b>CM&amp;F Group, Inc</b> <a href="http://www.cmfgroup.com/">http://www.cmfgroup.com/</a>	<b>NSO</b> <a href="http://www.nso.com/">http://www.nso.com/</a>
<b>Healthcare Providers Service Organization</b> <a href="http://www.hpso.com/index.jsp">http://www.hpso.com/index.jsp</a>	<b>CNA Pro</b> <a href="http://www.cnapro.com">www.cnapro.com</a>
<b>MARSH</b> <a href="https://www.proliability.com/">https://www.proliability.com/</a>	

You may also try your own homeowner's policy. Several companies cover nursing malpractice liability insurance. Remember you are a nurse, not a student nurse when you purchase your policy.

\*MCC has no affiliation with any of these companies



## Health Care Provider Signature Form

### Instructions for Completion of Health Care Provider Signature Form

A health care provider **must** sign Health Care Provider Signature Form **within 12 months of application** and indicate whether the applicant will be able to function. Health care providers who qualify to sign this declaration include a licensed physician (M.D., D.O.), a nurse practitioner, or physician's assistant.

(Please Print)

Applicant Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

It is essential that nursing students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift patients, stand for several hours at a time and perform bending activities. Students who have a chronic illness or condition must be maintained on current treatment and be able to implement direct patient care. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties impacting patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program prior to making application.

I believe the applicant \_\_\_\_\_ WILL OR \_\_\_\_\_ WILL NOT be able to function as a nursing student as described above.

If not, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licensed Healthcare Examiner (M.D., D.O., N.P., P.A.)

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Phone: \_\_\_\_\_



## VACCINATION DECLINATION FORM

Student Name (PRINT) \_\_\_\_\_

I understand that due to my exposure to blood or other potential infectious materials during the clinical portion of my nursing program, I may be at risk of acquiring Hepatitis B virus (HBV) infection. The health requirements for the nursing program, as described in the Nursing Student Handbook, include the Hepatitis B vaccination series as part of the admission requirements. I have been encouraged by the faculty to be vaccinated with Hepatitis B vaccine; however, I decline the Hepatitis B Vaccination series at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. By signing this form, I agree to assume the risk of a potential exposure to Hepatitis B virus and hold the Maricopa Community College Nursing Program as well as all health care facilities I attend as part of my clinical experiences harmless from liability in the event I contract the Hepatitis B virus.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date



COURSEY ENTERPRISES, INC.  
P.O. BOX 683 IDABEL, OK. 74745 FAX 580-286-7762

**MESA COMMUNITY COLLEGE  
K2182 / RN REFRESHER  
2012 RN REFRESHER PROGRAMS**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

<u>QTY</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
___	RN REFRESHER	\$67.75

Please see below for order deadlines: **A Late fee of \$10.00 will be added to all Late Orders.**

**Spring 2012/Summer 2012 Program (Preceptorship in Sum '12): May 1, 2012**  
**Summer 2012/Fall 2012 Program (Preceptorship in Fall '12): August 24, 2012**  
**Fall 2012/Spring 2013 Program (Preceptorship in Spr '13): December 31, 2011**

Do not send orders to the school of nursing. \*Kits are shipped UPS Ground to your home. No PO Box's. Please allow 5-10 business days for delivery. **Note:** UPS Ground does not run on weekends. **(KITS ARE NON-REFUNDABLE)**

**WAYS TO PLACE YOUR ORDER:**

- ORDER ONLINE @ [www.cestudents.com](http://www.cestudents.com). ENTER USERNAME: mesa/rn AND PASSWORD: k2182.  
\*(When ordering online NO SHIPPING address is needed)**
- MAIL ORDER TO ADDRESS LISTED ABOVE**
- FAX ORDER TO (580) 286-7762**  
**"NO" PHONE ORDERS WILL BE ACCEPTED**

**METHOD OF PAYMENT:**

**MONEY ORDER (NO PERSONAL CHECKS)**

**VISA**

**MASTERCARD** \*\*Your next credit card statement will show a charge from Coursey Enterprises

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
NAME (PRINT EXACTLY AS IT APPEARS ON CARD)      EXPIRATION DATE

(\_\_\_\_\_) \_\_\_\_\_ & \_\_\_\_\_  
PHONE NUMBER      ADDRESS IF DIFFERENT FROM STUDENT

\_\_\_\_\_  
SIGNATURE



**RN Refresher Student Information & Agreement Form (Submit to Instructor at NUR228 Orientation)**

Name (PRINT) \_\_\_\_\_

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
All names previously used: \_\_\_\_\_ Student ID Number \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Nursing Schools Attended**

Name of School	City/State	Country	Dates Attended	Type of Certificate or Degree

1. Briefly describe your nursing work history. *Attach a copy of your resume or curriculum vitae if you will be pursuing a specialty track: pediatrics, obstetrics, or mental health.*

2. How many years have you been out of nursing practice? \_\_\_\_\_

3. How did you hear about this program? \_\_\_\_\_

4. Which track do you intend to follow (Med/Surg, Pediatrics, Obstetrics, Mental Health): \_\_\_\_\_

5. Do you intend to use the Clinical Agency Online Scheduling System (CAPS) for clinical placement or will you find your own preceptor? \_\_\_\_\_

6. Download & attach a copy of your online license verification ("Services" tab) @ AZBN's website: [www.azbn.gov](http://www.azbn.gov)

**RN Refreshers must possess a license in "good standing" to meet eligibility requirements for the NUR229 RN Refresher Preceptorship component of the refresher program. If there are any restrictions on your current, inactive, lapsed, or re-issued license (disciplinary action, monitoring agreement, etc), MCC is unable to oversee a preceptorship for you.**

As defined above, is your RN license in "good standing" ? \_\_\_\_\_

My signature signifies my acknowledgment of, and compliance with, the following program requirements:

- **I have read and understand the RN Refresher Program Information Packet**
- **I understand that I must complete the RN Refresher Program within 1 calendar year from my program start date. If I am unable to do so, I will be required to re-take NUR228 prior to completing NUR229**  
My RN license (current, inactive, lapsed, re-issued) is in "good standing".  
**I understand that a clinical experience in a specialty area (pediatrics, obstetrics, mental health) requires that I have prior RN experience in the selected specialty area (copy of resume or curriculum vitae is attached).**  
**I have provided true, correct, and complete information.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_