MESA COMMUNITY COLLEGE
RN REFRESHER PROGRAM APPLICATION PACKET

Dear Applicant,

Thank you for your interest in MCC’s RN Refresher Program. Please review the entire RN Refresher Program Information Packet posted on our website (www.mesacc.edu/refresher) prior to submitting your application materials. The packet outlines your options for preceptorship/clinical placement, as well as, program enrollment requirements.

School-Assisted Placement
If you desire a school assisted clinical placement, please submit the following materials:
1. RN Refresher Program Application form
2. Request for School-Assisted Preceptorship/Clinical Placement form
3. Nurses with Arizona licenses: download & attach a copy of your online license verification (“Services” tab) at AZBN’s website: www.azbn.gov

Student Finds Own Preceptor
If you have found your own preceptor, please submit the following materials:
1. RN Refresher Program Application form
2. Preceptor Data Sheet
3. Nurses with Arizona licenses: download & attach a copy of your online license verification (“Services” tab) at AZBN’s website: www.azbn.gov

Send application materials to Diane Dietz via:

✓ E-mail: diane.dietz@mesacc.edu
✓ Fax: 480-461-7821
✓ Postal Service: MCC Nursing, ATTN Diane Dietz, 1833 West Southern Ave, Mesa AZ 85202

You will be contacted by a program representative following review of your application materials. If you meet all enrollment requirements, further instructions will be provided at that time.

Please do not hesitate to contact me with any questions.

Sincerely,

Diane P. Dietz
Diane P. Dietz, MSN, RN, CNE
Interim RN Refresher Program Coordinator
Mesa Community College
diane.dietz@mesacc.edu
480-461-7460
RN REFRESHER PROGRAM APPLICATION

Anticipated Start Date: Semester______________________ Year __________________

Name (PRINT)_______________________________________________________________

Last Name, First Name, Middle Name

All names previously used: ______________________________________________________________________________________

Mailing Address_______________________________________________________________________________________________

City________________________________________ State ________________ Zip Code _______________________

Phone: Day__________________________ Evening _____________________ Cell ____________________________

E-Mail Address______________________________________________________________

RN/TRN License Number _________________________________ Date of Expiration __________________________

Nursing Schools Attended

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<thead>
<tr>
<th>Name of School</th>
<th>City/State</th>
<th>Country</th>
<th>Dates Attended</th>
<th>Type of Certificate or Degree</th>
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1. Briefly describe your nursing work history (*a preceptorship in a specialty area requires prior experience in that area*).

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

3. How did you hear about this program? ____________________________________________

4. If you have found your own preceptor, attach a copy of the signed Preceptor Data Sheet validating your preceptorship placement.

5. If you would like to pursue a school-assisted placement at selected facilities, attach a copy of the Request for School-Assisted Preceptorship/Clinical Placement form.

6. Nurses with Arizona licenses: download & attach a copy of your online license verification (“Services” tab) @ AZBN’s website: [www.azbn.gov](http://www.azbn.gov)

RN Refresher Program Application Packet 2017-2018
REQUEST FOR SCHOOL-ASSISTED PRECEPTORSHIP/CLINICAL PLACEMENT

Name: ____________________________________________________________  (print)

1. Select your preference for clinical placement and complete related section below.

[  ] Hospital

[  ] Non-Hospital

[  ] Instructor-led clinical experience under the direction of an MCC faculty member

a. Hospital Placement Requests:
   - Are you a former employee of either a Banner or Mayo Clinic facility?

   - If you are a former employee of either Banner or Mayo Clinic, what was your job title and what were the dates of your employment?

   - Unless you are a former Banner or Mayo employee, all hospital placements are at Maricopa Integrated Health System. Which clinical area would you like to request?

b. Non-Hospital Placement Requests:
   - What specific area are you interested in?

   - Do you have prior experience in the area listed above? If so, please provide job locations and dates of employment.

c. Instructor-led Clinical Experience:
   - All instructor-led clinical experiences will be held at Citadel Post-Acute (citadelpostacute.com)
   - Are you able to work at least one 12hr shift each week?
Name of RN Refresher_______________________

**Preceptor Data Sheet**

Name and Credentials (RN, BSN, etc.) ________________________________

RN License #_____________ (Required by Arizona State Board of Nursing)

Number of years practicing nursing __________

Name of Agency_______________________________________________

Agency Address _________________________________________________

City ______________________ State __________ Zip___________

Unit / Unit Telephone # _________________________________

Telephone Number where you can be reached:__________________

Email Address _____________________________________________

Length of time in clinical practice at this agency: _____

Have you received an RN Refresher Preceptorship Packet?  Yes  No

_I agree to accept the role and responsibilities of preceptor for the MCC Nurse Refresher Student._

Name (print):____________________________________________________

Signature: __________________________ Date:____________________

**Area Supervisor Approval**

Name (print): _________________________________________________

Signature: __________________________ Date:____________________

_For faculty use only:_

*Verification of preceptor licensure completed on:_ __________

RN Refresher Program Application Packet.2017-2018