



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.

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 (in this packet)
3. Nurses with Arizona licenses: download & attach a copy of your online license verification from the Nursys website: <https://www.nursys.com>

School-Assisted Placement

If you desire a school assisted clinical placement, if available, 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 from the Nursys website: <https://www.nursys.com>

Submit application materials to William Forgione via:

- ✓ E-mail: william.forgione@mesacc.edu
- ✓ Fax: 480-461-7821
- ✓ Postal Service: MCC Nursing, ATTN: William Forgione, 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,

William Forgione

William Forgione, MSN, RN, CMSRN

RN Refresher Program Coordinator

Mesa Community College

william.forgione@mesacc.edu

480-461-7928



RN REFRESHER PROGRAM APPLICATION

Anticipated Start Date: Semester _____ Year _____

Name (PRINT) _____
Last First Middle

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

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

- Briefly describe your nursing work history (**a preceptorship in a specialty area requires prior experience in that area**).
- How many years have you been out of nursing practice? _____
- How did you hear about this program? _____
- If you have found your own preceptor, attach a copy of the signed Preceptor Data Sheet validating your preceptorship placement.
- 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.
- Nurses with Arizona licenses: download & attach a copy of your online license verification ("Services" tab) @ AZBN's website: <http://www.nursys.com>.

RN Refreshers must possess an unrestricted license to meet eligibility requirements for the NUR295 RN Refresher clinical component of the refresher program. If there are any restrictions on your active, inactive, lapsed, or re-issued license (disciplinary action, monitoring agreement, etc.), MCC is unable to oversee a clinical experience for you.

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

- I have read and understand the RN Refresher Program Information Packet
- My RN license (active, inactive, lapsed, re-issued) is unrestricted.
- I understand that a preceptorship experience in a specialty area (pediatrics, obstetrics, mental health) requires that I have prior RN experience in the selected specialty area (subject to verification w/ a resume/CV).
- I have provided true, correct, and complete information.

Signature: _____ Date: _____



REQUEST FOR SCHOOL-ASSISTED PRECEPTORSHIP/CLINICAL PLACEMENT
(If available)

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 *(if available)*

a. Hospital Placement Requests:

-Are you a former employee of either a Banner Health 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?

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:

-If available

-Are you able to work at least one 12hr shift each week?



Name of RN Refresher Student _____

Preceptor Data Sheet

Preceptor Name and Credentials (RN, BSN, etc.) _____

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

Number of years practicing nursing _____ Are you related to this RN refresher? Yes _____ No _____

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: _____