



MARICOPA NURSING

Mesa Community College

MESA COMMUNITY COLLEGE

**RN Refresher Program
Information Packet
2019-2020**

Mesa Community College
Nursing Department, Health & Wellness Building #8
(480) 461-7104

Fax (480) 461-7821

NONDISCRIMINATION POLICY

The Maricopa Community Colleges does not discriminate on the basis of race, religion, color, national origin, sex, handicap/disability, sexual orientation, age, or Vietnam era/disabled veteran status in employment or in the application, admission, participation, access and treatment of persons in instructional or employment programs and activities.

The Maricopa Community Colleges reserve the right to change, without notice, any materials, information, curriculum, requirements, and regulations in this publication.



William Forgione, MSN, RN
Coordinator, RN Refresher Program
Office: Health & Wellness Building #8, HW-864
Phone: (480) 461-7928
Fax: (480) 461-7821
Email: william.forgione@mesacc.edu

Mary Boyce, RN, MSN, CNE
Chairperson, Department of Nursing
Office: Health & Wellness Bldg. #8, HW-884
Phone: 480-461-7122
Email: mary.boyce@mesacc.edu

Tamara Lawrence
Administrative Specialist Sr., Department of Nursing
Office: Health & Wellness Building #8, Lobby
Phone: 480-461-7628
Email: tamara.lawrence@mesacc.edu

TABLE OF CONTENTS

Program Description and Course Requirements	p. 3
Options for Preceptorship/Clinical Placement / Process for Finding a Preceptor	p. 4
Health & Safety Requirements for Clinical Experience	pp. 5-6
Enrollment Requirements / Application Process / Estimation of Program Costs	p. 7
Hepatitis B Vaccination Declination Form	p. 8
Health Care Provider Signature Form	p. 9
Instructions for DPS Fingerprint Clearance Card Application Process	p. 10
Nurse Pack Purchase – Student Order Form	p. 11



PROGRAM DESCRIPTION AND REQUIREMENTS

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.”

The RN Refresher Program consists of a ten-credit lecture/lab course titled Registered Nurse Refresher (NUR295). The didactic portion is six credits; all of the theory content is delivered online. This component of the course work includes general nursing concepts, pharmacology and care of the adult with selected medical surgical conditions.

The clinical portion of the course is four credits; it is delivered in a hybrid format. This component of the course includes the following: (1) online assignments to prepare for the campus lab sessions (nursing skills, drug calculations, etc.), (2) three mandatory campus lab days for skills review and competency testing, (3) time allotted for completion of agency-specific orientation requirements and (4) a 132-hour clinical experience one-on-one with an RN preceptor or within a clinical group led by an MCC instructor, if available.

In order to complete a one-on-one preceptorship in either pediatrics, obstetrics, or mental health, the refresher must have prior RN experience in the selected specialty or have the approval of the clinical agency. Evidence of specialty work history is subject to verification with a resume/CV.

Some orientation days may be held on weekend days. Students are required to purchase a Nurse Pack which includes supplies for skills practice and skills competency testing (see p. 14 for ordering information).

Upon satisfactory completion of NUR295, 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 Refresher will be hired by a health care agency once he/she receives an active nursing license.

Refer to p. 7 of this packet for program enrollment requirements / application process



OPTIONS FOR PRECEPTORSHIP PLACEMENT/CLINICAL PLACEMENT

School-Assisted Placement	Student Finds Own Preceptor
<p>The school may be able to facilitate preceptorship placements in (1) selected hospitals and (2) selected non-hospital facilities in the community. An additional option is an instructor-led clinical experience (clinical groups of 8-10 students), if available.</p> <p>Placement consideration is based on agency availability. Please submit your request for a school-assisted placement with your application materials. The application packet is available on the RN Refresher program website: www.mesacc.edu/refresher</p>	<p>The following requirements must be met for students who wish to independently secure a preceptor:</p> <ol style="list-style-type: none"> 1) Preceptor must be an RN who works in a position that requires an RN license. A clinical, hands-on, practice setting is not required. The preceptor may be an advanced practice nurse. 2) The facility must have a clinical experience agreement (CEA) with the Maricopa Community College District. <p>Refer to “Process for Finding a Preceptor” below</p>

PROCESS FOR FINDING A PRECEPTOR

1. Find a facility you wish to utilize for your preceptorship – ideally, a potential future employer.
2. To verify if an agency has a clinical experience agreement (CEA) on file at the Maricopa County Community College District (MCCCD), contact the Refresher Program Coordinator.
3. If the agency **has a CEA** with MCCCD, you may call the educational contact for that agency. Specify:
 - You are an RN refresher, not a nursing student
 - You would like to work in their facility
 - You need to complete 132 hours of a precepted clinical experience with an RN
 - Summarize the preceptorship experience as it is outlined in the RN Refresher Preceptor Packet to include goals/roles of student & preceptor & school liaison and provide the facility with a copy of the RN Refresher Preceptorship Packet.
4. If the facility **does not have a CEA** with MCCCD, provide the Refresher Program Coordinator with the information below to establish a contract with the agency. A sample contract is available for agency review, if desired.
 - Complete facility address and phone number
 - Name, phone number, e-mail address of person with **authority to sign a contract**
 - Name of person who agreed to preceptorship experience

Mandatory Health & Safety Requirements for Clinical Experience

All requirements must be met PRIOR to program enrollment

1. Measles, Mumps, Rubella (MMR)

- a. Documentation of two MMR vaccinations on separate dates at least 4 weeks apart, **OR**
- b. Lab documentation of POSITIVE titer results for each disease (measles, mumps and rubella). **OR**
- c. For NEGATIVE or EQUIVOCAL titer results for measles, mumps or rubella (lack of immunity), you must get the MMR vaccine series (two vaccines). If you have only had the initial vaccine, submit documentation of the first vaccine. Submit documentation of the second vaccination after it is given. To be in compliance, proof of both vaccinations is required.

2. Varicella (Chicken Pox)

- a. Documentation of two varicella vaccines, including dates of administration, **OR**
- b. Lab documentation of a POSITIVE IgG titer for varicella, **OR**
- d. For NEGATIVE or EQUIVOCAL titer results, submit documentation of the first vaccine. Submit documentation of the second vaccination after it is given (at least 4 weeks later). To be in compliance, proof of both vaccinations is required.

3. Tetanus/Diphtheria/Pertussis (Tdap)

To meet this requirement: You must provide proof of a one-time Tdap vaccination and Td booster if 10 years or more has lapsed since Tdap vaccination

4. Tuberculosis (TB)

- a. Proof of a negative 2-step TB skin test (TBST) completed within the previous 6 months, including date given, date read, result, and name and signature of the healthcare provider. A2-step TBST consists of an initial TBST and a boosted TBST 1-3 weeks apart, **OR**
- b. Documentation of a negative blood test (QuantiFERON or T-Spot) performed within the last six months, **OR**
- c. Documentation of a negative chest X-ray, **OR**
- d. For POSITIVE RESULTS: If you have a positive TBST, provide documentation of a negative chest X-ray or negative blood test and a completed MaricopaNursing Tuberculosis Screening Questionnaire. The questionnaire can be found in the CastleBranch Medical Document Tracker. This questionnaire must be completed annually.

5. Hepatitis B

- a. Lab documentation of a positive HbsAb titer, **OR**
- b. Documentation showing completion of the three Hepatitis B injections. If the series is in progress, submit documentation for the immunization that received to date. You must remain on schedule for the remaining immunizations and provide the additional documentation when obtained. One to two months after completing the series, it is recommended that you have an HbsAb titer drawn, **OR**
- c. Positive titer, **OR**
- d. Signed declination form (p. 8)

6. Influenza (Flu Vaccine)

To meet this requirement: Submit documentation of an annual flu vaccination

7. CPR / Basic Life Support Training

To meet this requirement:

- a. Submit a copy (front and back) of signed CPR card or CPR certificate
- b. CPR training must include infant, child and adult, 1- and 2- man rescue (Healthcare Provider)
- c. CPR course must include 'hands-on' practice.

8. Level One Fingerprint Clearance Card (FCC)

To meet this requirement:

- a. Submit a copy (front and back) of a current Level One DPS Fingerprint Clearance Card
- b. If the FCC is suspended or revoked at any time during the program, the student must report this to the Program Coordinator within five (5) school days and will be unable to continue in the program until the FCC is reinstated.

-See instructions for DPA FCC application process (p. 10)

9. Health Care Provider Signature Form

To meet this requirement: Submit completed form (p. 9). The form must be completed and signed by a licensed healthcare provider (MD, DO, NP, PA) within the past six (6) months.

10. CastleBranch Clearance Document

To meet this requirement: Submit a "Pass" result on the MCCCDC-required supplemental background screening within the past six (6) months through CastleBranch. Information regarding the background screening will be provided after your program application has been accepted.

11. Temporary or Active RN License

- Applications available from the Arizona State Board of Nursing: 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 **cannot** be used for this purpose. You will need to obtain additional fingerprints; the AZ State Board will direct you.
- License must be current through NUR295 course end date.
- Temporary licenses are only **valid for 6 months**. Apply for the license at least **6 weeks** before the start of the program.
- All students must remain in good standing with the Arizona State Board of Nursing throughout the course. Once enrolled in the program, any student 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.

12. Registered Nurse Malpractice/Liability Insurance

- Coverage must be for a registered nurse (not a student nurse)
- Coverage must be current through the NUR295 course end date

13. Urine Drug Screen – TO BE COMPLETED AFTER THE NUR295 COURSE BEGINS

- Forms & instructions for urine drug screen testing will be provided at an unannounced time during the NUR295 course

* **You are required to purchase a Nurse Pack** for the lab component of NUR295 for skills practice and competency demonstrations. You will need to bring your Nurse Pack each day to the on-campus lab sessions. Please see ordering instructions on p. 11 of this packet.

ENROLLMENT REQUIREMENTS

Eligible candidates must:

1. Currently have, or be eligible to obtain, an *unrestricted* active, inactive, lapsed, or re-issued RN license
-AND-
2. Meet one of the following enrollment requirements:
 - Practice experience as a registered nurse after obtaining RN licensure status from respective board of nursing or after obtaining licensure in a foreign country
-OR-
 - New graduate nurse who has never practiced nursing after obtaining RN licensure

APPLICATION PROCESS

1. Complete the RN Refresher Application Packet. The packet is located on the RN Refresher website:
www.mesacc.edu/refresher
2. Send application materials to William Forgione via:
 - ✓ **E-mail:** william.forgione@mesacc.edu
 - ✓ **Fax:** 480-461-7128
 - ✓ **Postal Service:** MCC Nursing, ATTN: William Forgione, 1833 West Southern Ave, Mesa AZ 85202

ESTIMATION OF PROGRAM COSTS

The general tuition for courses taken at Mesa Community College (MCC), effective July 1, 2018, are \$85 per credit hour. Additional program expenses are ***estimated*** below.

All costs are estimates only and subject to change.

*Tuition (10 credits), <i>all participants</i>	\$850.00
**Nurse Pack (includes shipping), <i>all participants</i>	\$48.00
E-Books/Course Materials, <i>all participants</i> (Currently: Assessment Technologies Institute [ATI]).	~\$335.00
Background Screening, <i>all participants</i>	\$97.00
Urine Drug Screen, <i>all participants</i>	\$53.00
My Clinical Exchange (mCE), <i>as needed</i>	\$36.50
Fingerprint Clearance Card, <i>as needed</i>	\$65.00
Reactivation of RN License, <i>as needed</i>	\$160.00
Immunizations, <i>as needed</i>	<i>varies</i>
CPR, <i>as needed</i>	<i>varies</i>
Malpractice Insurance, <i>as needed</i>	<i>varies</i>
TOTAL ESTIMATED COST	\$1419.50 - \$1744.50

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

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

*****Laptop computer strongly recommended for experiences outside Maricopa County**

HEPATITIS B 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 _____



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 6 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: _____

Instructions for DPS Fingerprint Clearance Card Application

Website: fieldprintarizona.com/

fieldprint

Already have an appointment?
[Login](#)

Fieldprint® Fingerprinting
Serving Arizona

The Largest Livescan
Network in Arizona

Simple. Safe. Secure.

- ✓ Quick, easy scheduling
- ✓ Convenient locations
- ✓ Fast, professional fingerprint collections

[Schedule an Appointment](#)

- » [How It Works](#)
- » [Our Locations](#)
- » [FAQs](#)
- » [About Fieldprint](#)

Fieldprint's fingerprinting process is quick, easy and convenient!

- 1 Schedule Your Visit**
Sign in to our secure system to schedule your fingerprinting appointment at a convenient site near you.
- 2 Attend Appointment**
Visit our professional collection location and have your fingerprints scanned electronically.
- 3 Get Results Fast!**
We submit your fingerprints to the state electronically, so your results are returned quickly.

1. Click on “Schedule an Appointment”
2. Set up account: New Users/Sign up
3. Under Reason, select **“Regular Application - Volunteer or Student”**
4. In Sponsors, choose **“Health Science Students & Clinical Assistants”**
5. Complete personal information
6. Complete demographic information
7. Under employer information, enter:
Maricopa Community College Healthcare Education
2411 W. 14th St. Tempe AZ, 85281
Phone: 480-731-8240
8. Complete Release Form
9. Read and agree to Privacy Information
10. Schedule your appointment for fingerprint scanning
11. Enter payment information
12. After completing the fingerprint scanning, you will receive an email from AZ DPS confirming receipt of application
13. In approximately 4-6 weeks* you should receive the card in the mail. You can monitor the status of your card at:
http://webapps.azdps.gov/public_inq_acct/acct/ShowClearanceCardStatus.action

**Results dependent on processing times of AZ DPS and the FBI, which are subject to change*

