

Dear Applicant,

Thank you for your interest in the GWCC RN Refresher program. We are excited to help you achieve your career goals. Refresher programs consist of classroom and clinical training for RNs and LPNs who have not practiced for 5 or more years. Other nurses may elect to take a refresher course when transitioning from a non-patient care role to direct patient care. The program at GateWay Community College (GWCC) is for Registered Nurses who:

- Have not met the 960-hour (within 5 previous years) Arizona State Board of Nursing practice requirement at the time of license renewal;
- currently hold an active license, not under stipulation or board order with the Arizona State Board of Nursing who want to update nursing theory and skills; and
- are new graduate nurses who have never practiced nursing after passing NCLEX.

All applicants must be in good standing with the Arizona State Board of Nursing and be eligible to obtain a temporary license for the duration of the RN Refresher program.

RN Refresher students must possess an unrestricted license to meet eligibility requirements for the refresher programs at GateWay Community College. If a student's license, temporary or otherwise, has any restrictions whatsoever (for example, although not inclusive - disciplinary action, monitoring/consent agreement, Board Order, etc.), the student is not eligible for the GWCC Refresher program.

The RN Refresher program is approved by the Arizona State Board of Nursing. Students must earn a grade of "C" or better for all course work. This program is not eligible for Title IV Federal Financial Aid. GWCC does not accept refresher students who have a stipulation or board order on their license.

The RN Refresher program is a 10-credit lecture/lab course. The course content is a review of medical surgical nursing principles with robust lab and simulation components. Each student is provided a pre-selected clinical agency for clinical experience; GWCC cannot guarantee any specific nursing specialty areas or locations. There may occasionally be an opportunity for a refresher student to have a precepted experience; however, that is not guaranteed. Students must have basic computer skills to register for the course.

Please review thoroughly the [RN Refresher Information Packet](#). Attendance at an information session is encouraged.

- All items will need to be completed before registration
- Complio account creation directions will be emailed to you at the time of registration and must be completed on or before the mandatory Orientation.

One of the requirements of the program is medication administration which includes a review of drug dosage calculations. Students must be able to demonstrate competency of drug dosage calculation skills and medication administration before going to clinical. It is strongly encouraged that you review these math principles. Minimum computer skills are essential for success.

Sincerely,

Jeanette Peterson, MSN-Ed, CHSE, VA-BC
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RN REFRESHER PROGRAM APPLICATION FORM

Anticipated Start Date: Semester _____ Year _____

Name (PRINT): _____
Last
First
Middle

All names previously used: _____

Month & Day of Birth: (Do Not Provide Year): _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Preferred Phone Number: _____

E-Mail Address: _____

Arizona RN/TRN License Number: _____ Date of Expiration: _____

Nursing Schools Attended:

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

1. Briefly describe your nursing work history.
2. How many years have you been out of nursing practice?
3. How did you hear about this program?
4. Nurses with Arizona licenses: download & attach a copy of your online license verification through AZBN's website: <http://www.azbn.gov/>

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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 have provided true, correct, and complete information.**

Signature: _____ Date: _____