

APPLICATION: Registered Nurse Refresher Program

Please print or type

Part I Personal Data

Legal Name _____

Last, First, Middle, Maiden _____

List any other name under which your records may be filed or any names you have been known by (Please list them all).

Mailing Address _____
Number and Street Apartment City State Zip

Permanent Home Address _____
Number and Street Apartment
Parish/County _____
City State Zip

Telephone Number: Home _____ Cell _____ Work _____

Email: _____

Date of Birth: ____/____/____ Place of Birth: _____
Month Day Year City State/Foreign Country

Sex: Female ____ Male ____ Social Security Number: _____ - _____ - _____
____ Single ____ Married ____ Divorced ____ Widowed ____ Legally Separated

Are you a United States Citizen? Yes ____ If no, of what country? _____
No ____ If no, what is your VISA status? _____

Name and relationship of person to be notified in case of emergency:

Name _____ Relationship _____

Address _____
Number and Street City State Zip

Telephone Number: Home _____ Work _____

The LSU Health Sciences Center School of Nursing must indicate it is in compliance with Title IV of the Civil Rights Act. Please indicate which group best describes you:

Race: Asian or Pacific Islander ____ American Indian or Alaskan Native ____ Hispanic ____
Black (Not of Hispanic Origin) ____ White (Not of Hispanic Origin) ____

Part II Educational Data

High School _____ Graduation Date _____

If not high school graduate, give the date of your GED or equivalency _____

In the space provided, list all post secondary institutions attended. All institutions must be listed regardless of whether degree was earned. Failure to acknowledge attendance at a college or university will result in dismissal from the University.

(If more space is needed, please add an additional page.)

List in order of attendance, beginning with last school attended.

Name of College/University	City, State	Dates Attended		Major Area of Study	Degree Earned
		Began	Ended		

Are you a graduate of a program in nursing? Yes ___ No ___

If yes; LPN/LVN _____ Diploma _____ ADN _____ BSN _____
 Date Date Date Date

Was the basic nursing program accredited? Yes ___ No ___ If yes, by whom? _____

Are you currently licensed to practice nursing in any state with eligibility for licensure in Louisiana?

Yes ___ No ___

If yes, please indicate state(s) of licensure: LPN _____ RN _____

Do you have a current, unencumbered license to practice nursing in the state of Louisiana?

Yes ___ No ___ *IF Yes, please attach a copy of the online verification.*

Please indicate why you are applying for the RN Refresher program. Answer all that apply.

_____ Inactive license/applying for reinstatement _____ License # & State issued

_____ Inactive license/applying for endorsement _____ License # & State issued

_____ Board Order – attach a copy

Out of nursing for _____ years. RN Active license number and state issued: _____

Other: _____

Yes ___ No ___ Have you had a license to practice nursing or as another health care provider denied, revoked, suspended, sanctioned, or otherwise restricted or limited, including voluntary surrender of license - including restrictions associated with participation in confidential alternatives to disciplinary programs? and/or Have you had disciplinary action pending by a licensing board—other than by Louisiana State Board of Nursing—in any state or jurisdiction? If either of the above questions were answered **'Yes'**, then please explain below (you may attach extra pages if necessary):

If you do not currently have an active RN license to practice nursing in the state of Louisiana, are you eligible to obtain relicensure via the Louisiana State Board of Nursing? Yes ___ No ___

Please answer the following questions. If you answer “yes” to any of the questions below (A through D), **please provide a complete description of dates and circumstances. You must attach supporting documents that are applicable.**

A. Have you ever been convicted, pled guilty or no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations)? Yes ___ No ___

B. Is there any pending criminal prosecution against you which would constitute a felony?
Yes ___ No ___

C. Have you been treated for abuse or misuse of any alcohol or chemical substance to the extent that your ability to practice as a nurse would be impaired? Yes ___ No ___

D. Have you experienced a physical, emotional, or mental condition that has endangered the health or safety of persons entrusted in your care? Yes ___ No ___

YOUR APPLICATION CANNOT BE CONSIDERED FOR ADMISSION UNTIL ALL INFORMATION IS RECEIVED. THIS INCLUDES THE APPLICATION, APPLICATION FEE, AND OTHER REQUIRED DOCUMENTATION. MAIL TO:

**RN Refresher Program Administrator
LSUHNO School of Nursing
1900 Gravier Street, Office 4C2
New Orleans, LA 70112**

I certify that the answers I have given to each and all of the foregoing questions are true to the best of my knowledge. I further certify that I have read and understand the instructions for the completion of this application. I also understand that if I am convicted, plead guilty or no contest, or receive a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations) while in the Refresher Course, I will report the offense to the Director and/or assigned instructor(s) of the LSUHNO RN Refresher Program immediately.

Signature of Applicant (Sign in Ink) _____ **Date** _____