# Table of Contents

Introduction and Overview ........................................................................................................... 2-4
Instructional Syllabus ..................................................................................................................... 5- 20
Self-Assessment Questionnaire .................................................................................................... 21-22

**APPENDIX I**

- RN Refresher Application........................................................................................................ 24-25
- Student Acknowledgement Form............................................................................................. 26
- Preceptorship Agreement........................................................................................................ 27
- Physical Examination Form..................................................................................................... 28-29
- Hepatitis B Vaccine Recommendation.................................................................................... 30
- PreCheck Online Background Check..................................................................................... 31

**APPENDIX II**

- Admission/Readmission Procedures.................................................................................... 33
- Citizenship, Permanent Residency or Lawful Immigration Status Forms REG 0063-A........... 34-36
- REG Form 41-A..................................................................................................................... 37-38
- Certification of US Citizenship or Lawful Immigration Status Forms REG 0056.................... 39-40
- In-State or WUE Tuition Rate Forms REG 0064.................................................................... 41-42
- Course Enrollment Form.......................................................................................................... 43

**APPENDIX III**

- Obtaining a Temporary License for Refresher Course........................................................ 45-52
The Refresher Program for Registered Nurses (RN) is designed to assist the nurse in updating knowledge, skills and understanding of current nursing theory and practice. There are thirteen (13) self-paced modules (12 are required) and a minimum of one hundred sixty (160) hours of clinical practicum is required. The student is required to take a total of 12 modules: modules 1-10 and 13 (hospice) with two extra modules available for students, OB and Pediatrics (modules 11 & 12). The student can choose either OB or Pediatric module to total 12. If the student has not passed the NCLEX or had previous licensure all thirteen (13) modules are required. The modular format allows the student to work at their own pace with a faculty coordinator to answer questions and advise in the clinical experience. The course is six (6) lecture credits and nine (9) laboratory credits for a total of nine (9) credits earned. The concepts presented in this course provide the RN student with a holistic view of nursing and can be applied to the care of patients throughout the life span.

* Prior to Admission into the program secure a clinical facility and preceptor, apply for an AZ DPS Fingerprint Clearance Card and an online Pre-check background check must be completed submitted to the nursing department.

To be initially eligible for this Program, the RN student must:

1. It is the responsibility of the student to locate a clinical agency that is willing to accept the student for clinical rotation and provide a RN preceptor. The attached clinical/Preceptor Agreement must be signed by appropriate agency administrative personnel and the preceptor and returned with the application. The student cannot register for class until the clinical facility and preceptor are secure. No clinical rotation can begin until Mohave Community College and the designated agency have a signed working agreement. The Nursing Department of Mohave Community College will initiate a clinical agreement if the need arises. The College does not guarantee clinical placement. This is totally an agency decision.

2. Submit a completed application for the NUR 235, RN Refresher Course and associated materials and mail information to Mohave Community College, Department of Nursing, 1801 Detroit Ave, Kingman, AZ 86401:
   - Clinical facility and Preceptor Agreement
   - RN Student acknowledgement of Information
   - College application
   - Admission/Readmission Procedures – Need to be completed online, directions provided
   - Citizenship, Permanent Residency or Lawful Immigration Status Forms - REG 0063-A
   - REG Form 41-A
   - Certification of United States Citizenship or Lawful Immigration Status Form REG 0056
   - Instate WUE Forms - REG 0064
   - Course Enrollment Form – REG 0017
   - Completed online PreCheck Background Check
   - DPS Clearance card- Please contact the nursing office for the form it takes 6-8 weeks for a card.

   Upon approval of the materials submitted, the Director of Nursing will give permission for registration to occur.

3. Upon registration, the student will receive information regarding Distance Education and how to access the thirteen (13) self-paced learning modules online, (12 are required) and a faculty member will be assigned to coordinate the course unless the student has not passed the NCLEX or a previous licensure then all 13 modules must be completed.

Revised: 1/29/15
4. A comprehensive final examination will be required at the completion of the modular assignments. The examination is comprised of multiple choice, select all that apply and matching questions derived from the objectives list in the modules. The time required for the examination is approximately 2 hours. **A score of seventy-five (75%) is required for passing.** The examination will either be available online or the student/faculty will arrange for appropriate proctoring. In the case of a proctored examination, the RN student will then verify arrangements for taking the examination.

5. Within thirty (30) days of acceptance into the Refresher Course, please return the following:
   - Completed Physical Examination form – **one has been provided for you**
   - Proof of Varicella immunization/titer
   - Proof of MMR
   - Current TB test
   - Evidence of negative drug screen
   - Proof of personal health insurance
   - Current CPR certification (**American Heart Health Care Provider**)
   - Current/Temporary RN License

   You **WILL NOT** able to begin clinical experience without this documentation. Please be aware that if you are unable to obtain a clearance card or a temporary license for the Refresher Program or loose preceptorship placement and cannot secure a different placement, **THERE ARE NO REFUNDS**. Admission to or completion of the Mohave Community College RN Refresher Program does not guarantee obtaining a license to practice nursing. Licensure requirements and the subsequent procedures are the exclusive right and responsibility of the Arizona State Board of Nursing. Students must satisfy the requirements of the Nurse Practice Act: Statues, Rules and Regulations independently of any college or school program requirements. If you have been convicted of a felony, contact the Arizona State Board of Nursing to verify eligibly to be licensed prior to submitting the application materials.

**For Drug testing, report to one of the following locations to provide a Urine Specimen:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Havasu Regional Medical Center</td>
<td>101 Civic Center Lane</td>
<td>928-453-0115</td>
</tr>
<tr>
<td>Mohave Environmental Lab</td>
<td>Lake Havasu City, AZ 86403</td>
<td>928-754-8101</td>
</tr>
<tr>
<td>Bullhead City, AZ 86429</td>
<td>2580 Landon Dr. #A</td>
<td>928-754-8101</td>
</tr>
<tr>
<td>Cerbat Chiropractic (DAT Express)</td>
<td>2302 Stockton Hill Rd. Suite G</td>
<td>928-718-2225</td>
</tr>
<tr>
<td>Kingman, AZ 86401</td>
<td>1224 South River Rd.</td>
<td>435-656-1122</td>
</tr>
<tr>
<td>St. George, UT 84790</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OR:** If you have completed this screen within the past year as part of your employment requirements, a waiver has been provided for you to take to your employer’s appropriate office and have them send the results back to the address provided.

**OR:** If you DO NOT live within the local area, please make arrangements for drug testing within your area and have the test results sent to:

Mohave Community College  
Nursing Department  
1801 Detroit Ave.  
Kingman, AZ 86401
**CPR Requirements:**

CPR classes are offered by many local hospitals and fire departments, as well as the American Heart Association. CPR must be a Health Care Provider Level. (AHA Health Care Provider). The RN Refresher Student must show evidence of a current CPR care to begin the clinical practicum.

**Clinical Rotations WILL NOT begin until:**

1. Successful completion of all coursework and final examination.
2. Student has secured a clinical preceptor and a working agreement is signed between Mohave Community College and agency in which student is to complete clinical assignments.
3. Health Insurance, DPS Fingerprint Clearance Card, Online PreCheck Background Check, Drug Screen, and Licensure are met and documented.

The RN Refresher Student will be expected to work the same hours as the agency preceptor. The RN Refresher Student is required to complete one-hundred sixty (160) hours of clinical practicum. Clinical guidelines and forms will be distributed prior to the clinical experience.

The didactic material and clinical practicum should be completed within a reasonable period of time after registration. Maximum time allotted for course completion is six (6) months from the time the course is first offered. A certificate indicating completion of the RN Refresher Program and academic credit will be granted by Mohave Community College when the student has successfully completed both the didactic and clinical components of the course. Mohave Community College will also notify the Arizona State Board of Nursing of the outcome. If appropriate, the nurse may then contact the Board for a current license.
Registered Nurse Refresher
NUR 235, Section 851

<table>
<thead>
<tr>
<th>Instructor</th>
<th>Nursing Faculty</th>
<th>Phone</th>
<th>928-681-5635 (or) 928-757-0868</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office location &amp; hours</td>
<td>Call for appointment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dates, days and times of the class</td>
<td>Distance Education (Online) ANGEL</td>
<td>E-Mail</td>
<td></td>
</tr>
<tr>
<td>Drop Period</td>
<td>Drop period:</td>
<td>Be aware that dropping a course can affect your financial aid.</td>
<td></td>
</tr>
<tr>
<td>Withdrawal Dates:</td>
<td>Withdrawal Dates: Be aware that dropping a course can affect your financial aid.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary Contact:</td>
<td>Paula McNichols <a href="mailto:pmcnichols@mohave.edu">pmcnichols@mohave.edu</a></td>
<td>Modality of Course</td>
<td>Online and Clinical Setting</td>
</tr>
<tr>
<td>Angel</td>
<td>All students are required to have access to ANGEL. ANGEL can be accessed via the Library and the Student Success Center on each campus. Access ANGEL through the MyMohave portal at <a href="http://www.angel.mohave.edu">http://www.angel.mohave.edu</a></td>
<td>Note: Grades may be checked on Angel.</td>
<td></td>
</tr>
<tr>
<td>Course Description:</td>
<td>NUR 235, RN Refresher, nine (9) credits, six (6) lecture, nine (9) lab.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Refresher Program for Registered Nurses (RN) is designed to assist the nurse in updating knowledge, skills and understanding of current nursing theory and practice. There are thirteen (13) self-paces modules and a minimum of one hundred sixty (160) hours of clinical practicum is required. Students must complete 12 modules-Modules 1-10 and module 13 are required. You have the option of the OB or Peds module as the 12th module. If student has not passed the NCLEX or had previous licensure all thirteen (13) modules are required. The modular format allows the student to work at their own pace with a faculty coordinator to answer questions and assist in setting up the clinical experience. The course is six (6) lecture credits and nine (9) laboratory credits for a total of nine (9) credits earned. The concepts presented in this course provide the RN student with holistic view of nursing and can be applied to the care of patients throughout the life span. The student is required to secure a clinical preceptor prior to registration and signing course agreement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course Goals:</td>
<td>Upon Successful completion of this course, the student will be able to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Accountability - Accept accountability for own actions and responsibility for self-development and continuing education.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Compare own definition of nursing to definitions of various professional groups.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Describe the conceptual framework of nursing and health transitions used in the Mohave Nursing Program.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
c. Discuss the major roles of the nurse.

d. Differentiate among dependent, independent and interdependent nursing functions.

e. Identify the responsibilities of the RN when delegating tasks.

f. Describe the patient’s Bill of Rights.

g. Describe the purpose of the Nurse Practice Act.

h. Discuss the ANA Standards of Care.

i. State legal aspects of administering drugs.

j. Accurately and promptly report patient care errors.

k. Determine level of awareness of handling hazardous spills in the workplace.

l. Identify the nurse’s responsibilities in preparing a patient for surgery.

m. Describe potential threats to safety of the hospitalized child.

2. **Caring** – Demonstrate physical, emotional and spiritual components of caring behaviors for self and others.

   a. Differentiate physiologic homeostasis from psychologic homeostasis.

   b. Describe the characteristics of the self-actualized person.

   c. Describe the 4 levels of anxiety.

   d. Identify normal defense mechanisms.

   e. Identify psychological methods of assisting a person to adapt to stress.

   f. Identify essential aspects of the development of self-esteem.

   g. Identify clinical signs and symptoms that indicate problems with self-concept and state appropriate intervention.

   h. Assess patient’s spiritual needs and utilize appropriate intervention.

   i. Identify clinical symptoms of grief.

   j. Discuss family needs of the organ donation patient.

   k. Identify factors that affect individuals’ sexual attitudes and behaviors.

   l. Identify measures that promote rest and sleep from infancy through adulthood.

   m. Identify implications of chronic illness on patient and family.

   n. Prepare the client physically and psychologically for surgery.

   o. Identify strategies to form a therapeutic alliance with patients dealing with alcoholism, rape, suicidal tendencies, and abusive situations.

   p. Identify nursing interventions to assist a family in adjusting to pregnancy and undergoing genetic testing and counseling.

   q. Plan nursing care to reduce the stress of illness for the pediatric patient.

   r. QSEN

   s. Basic care and comfort

3. **Clinical Competence** – Practice within the accepted professional, ethical and legal frameworks of nursing practice.

   a. Identify basic pathophysiology of assigned clients.

   b. Assess and set nursing care priorities.

   c. Interpret the ANA Code of Ethics.

   d. Differentiate malpractice and negligence.

   e. Identify the purpose of professional liability insurance.

   f. Explain the intent of the Good Samaritan Act.

   g. Conduct a complete health assessment.

   h. Conduct appropriate focused health assessments during the clinical practicum.

   i. Identify legal factors to consider when documenting.

   j. Identify health problems common to the various developmental stages.
k. Explain specific nursing intervention in each stage of Alzheimer’s disease.
l. Calculate IV flow rates.
m. Identify signs of inadequate nutritional status.
n. Identify appropriate pain relief interventions.
o. Describe nursing strategies appropriate for promoting optimal health in the typical rehabilitation patient.
q. Describe nursing measures used to prevent complications for patients receiving either tube feedings or TPN.
r. Correctly utilize assessment measures of the urinary tract.
s. Solve fractional dosage problems.
t. Administer medications according to professional standards and agency protocols.
u. Identify blood transfusion reactions and take appropriate action.
v. Recognize complications of central lines.
w. Recognize varied adverse effects of drugs.
x. Plan and intervene with appropriate pre-and post-operative nursing care.
y. Plan for safety needs for the patient receiving conscious sedation.
z. Identify effective nursing strategies for patients with severe and persistent mental illness, focusing on medication, psychosocial rehabilitation and psychotherapy.
aa. Plan nursing interventions to meet the psychologic and physiologic needs of the family during the birthing process and post-partum period.
bb. Calculate pediatric medication dosages.
c. Plan nursing care utilizing principles specific to the pediatric patient.
dd. Discuss clinical manifestations of anthrax exposure.
ee. Describe the symptoms of acute radiation exposure and the role of potassium iodide in preventing thyroid cancer.
ff. Review prototypes of major drug classifications including action, use, adverse effects, interactions, nursing implications, and involved teaching.

gg. QSEN – Safety, Patient-Centered Care, evidence-based practice, informatics.

4. **Communication** – Use communication techniques and theory for the purpose of collecting data and sharing information with the client and members of the health care team.
   a. Use communication skills as a method of data collection, nursing intervention and evaluation of care.
   b. List techniques that facilitate and inhibit communication.
   c. Discuss the phases of the effective nurse patient relationship.
   d. Describe a problem oriented patient care record.
   e. List guidelines for verbal reporting.
   f. Outline essential documentation for the surgical patient and utilize flow sheets correctly.
g. Identify appropriate communication techniques to utilize in interventions with patients with mental illness and those dealing with alcoholism, rape, abuse, and suicidal tendencies.

h. QSEN- Teamwork and Collaboration, informatics, safety

5. **Critical Thinking** – Plan, direct, supervise and coordinate nursing care for assigned clients based on priorities for clients experiencing well-defined health problems.
   a. Assess and set appropriate nursing care priorities.
   b. Evaluate current nursing care, make judgments and initiate appropriate action.
   c. Compare the scientific method of problem solving to the nursing process.
   d. Differentiate between subjective and objective data.
   e. Differentiate between a need and a problem.
   f. Compare nursing diagnosis versus a medical diagnosis.
   g. Differentiate between nursing goals and patient goals.
   h. State the fundamental principles of growth and development.
   i. Identify factors that influence fluid and electrolyte needs.
   j. Identify the role of kidney and lungs in regulating acid-base balance.
   k. Compare the nutritional needs of varied age groups.
   l. Identify physiologic and environmental factors that can alter the perception of pain.
   m. Describe the significance of continuity of care in the rehabilitation client.
   n. Identify risk of patient developing disruption in skin integrity utilizing a risk assessment tool.
   o. Identify physiologic factors and individual variables which influence drug action.
   p. Identify the essentials of informed consent.
   q. Formulate nursing diagnosis related to the impact and stress of illness in children.
   r. Explain the applications of pharmacokinetics to clinical practice.
   s. Identify the four components of pharmacokinetics.
   t. Identify factors affecting drug absorption.
   u. Describe how plasma proteins affect drug distribution.
   v. Apply principles of pharmacodynamics to clinical practice.
   w. Discuss how a drug’s therapeutic index is related to its margin of safety.
   x. Distinguish between an agonist, partial agonist and antagonist.
   y. Compare and contrast the terms potency and efficacy.
   z. Identify the purpose and components of the Strategic National Stockpile.
   aa. Explain the advantages and disadvantages of vaccination as a means of preventing illness due to bioterrorist attacks.
   bb. Identify specific viruses and chemical agents that would most likely be used in a bioterrorist attack and associated treatments.
   cc. Describe fundamental concepts underlying a holistic approach to pharmacotherapy.
   dd. QSEN- Safety, Patient-Centered Care, Teamwork and Collaboration
6. **Culture** – Apply knowledge gained through recognition that biological and cultural diversities impact self and others’ experiences with health care.
   a. Identify disease conditions specific to certain ethnic groups.
   b. Identify social characteristics common to all ethnic groups that require consideration by health care providers.
   c. Discuss essential health related beliefs and practices of various cultures such as Blacks, Hispanics, Asians, and Native Americans.
   d. Consider cultural differences in care of the pediatric patient.
   e. Identify examples of how ethnicity and cultural values and beliefs can influence pharmacotherapeutic outcomes.
   f. QSEN- Teamwork and Collaboration, Evidence-based practice, Patient-centered care.

7. **Learning/Teaching** – Facilitate client learning by providing information with consideration for the client’s level of development and knowledge in order to maintain and promote optimal functioning.
   a. State guidelines that help plan teaching interventions.
   b. Identify developmental learning needs.
   c. Teach pre-operative patients how to move and perform leg, coughing, and deep breathing exercises.
   d. Provide appropriate post-operative teaching.
   e. Initiate appropriate teaching during the birthing and post-partum periods.
   f. Identify teaching methods relative to differing developmental levels of children.
   g. QSEN- Patient –Centered Care, Safety, Informatics, Quality-Improvement, and Teamwork and Collaboration.

8. **Leadership/Management** – implement basic management skills with individuals, families and other members of the health care team.
   a. Differentiate between leadership and management roles of the nurse.
   b. Describe common approaches to Disaster Planning and the nurse’s role in the agency.
   c. Prepare for the nurse’s role in a fire emergency.
   d. Discuss the role of the nurse in preparing for and responding to a bioterrorist act.
   e. Identify the responsibilities of the RN when delegating tasks.
   f. Compare and contrast the team, primary and case management approaches to patient care.
   g. QSEN- Patient –Centered Care, Safety, Informatics, Quality-Improvement, and Teamwork and Collaboration.
To be initially eligible for this Program, the RN student must:

1. It is the student’s responsibility to locate a clinical agency that is willing to accept the student for clinical rotation and provide a RN preceptor. The attached Clinical and Preceptor Agreement must be signed by appropriate agency administrative personnel and preceptor and returned with the application. No student can register for class until the clinical site is secure. No clinical rotation can begin until Mohave Community College and the designated agency have a signed working agreement. The Nursing Department of Mohave Community College will initiate a clinical contract if the need arises.

2. Submit a completed application for NUR 235, RN Refresher Course and associated materials (Preceptor Agreement, RN Student Acknowledgement of Information, College Application, Pre-check background check (which needs to be completed prior to admission) and Citizenship papers) to the Department of Nursing at 1801 Detroit Ave., Kingman, AZ 86401. Upon approval of the materials submitted, the Director of Nursing will give permission for registration to occur. Upon registration, the student will receive information regarding Distance Education and how to access the thirteen (13) self-paced learning modules online.

3. Completion of modular assignments and final examination. See Grading Criteria for passing standard. A comprehensive final examination will be required at the completion of the modular assignments. The examination is comprised of multiple choice questions derived from the objectives list in the modules. The time required for the examination is approximately 2 hours. A score of seventy-five (75%) is required for passing. The examination will either be available online or the student/faculty will arrange for appropriate proctoring. In the case of a proctored examination, the RN student will provide the faculty with the name of a proctor, who works in an educational setting, and the faculty will then verify arrangements for taking the examination.

4. Complete 160 hours of clinical with preceptor. Within thirty (30) days of acceptance into the Refresher Course, please return the completed physical examination with proof of varicella titer or immunization, MMR, Current TB test, evidence of negative drug screen, proof of personal health insurance, current CPR certification, DPS Fingerprint Clearance Card, PreCheck background check (which needs to be completed prior to admission) as well as a copy of the current/temporary RN license to this office. You will not be able to begin the clinical experience without this documentation.

Please be aware if you are unable to obtain a clearance card or a temporary license for the Refresher Program or loose preceptorship placement and cannot secure a different placement, there are no refunds. Admission to or completion of the Mohave Community College RN Nurse Refresher Program does not guarantee obtaining a license to practice Nursing. Licensure requirements and the subsequent procedures are exclusive right and responsibility of the Arizona State Board of Nursing. Students must satisfy the requirements of the Nurse Practice Act: Statues, Rules and
Regulations independently of any college or school program requirements. If you have been convicted of a felony, contact the Arizona State Board of Nursing to verify eligibility to be licensed prior to submitting the application materials.

Grading Criteria and Scale:

1. Assigned Homework Modules: …….. 50% of final grade
2. Final Examination: ……………… 50% of final grade: Must obtain 75% grade to pass course.
3. Clinical Practicum: ………………… Pass/Fail Evaluation

**NOTE**: A minimum score of 75% on all assignments and the final examination as well as a pass grade for the clinical practicum are all necessary in order to successfully pass the course.

- A = 90 – 100%
- B = 80–89%
- C = 75-79%
- D = 60 – 74.9%
- F = 59% and below

**NOTE**: Grading scale varies for dental and nursing programs.

Student-to-Student Collaboration:

All students are expected to complete all coursework, quizzes, and exams independently. Working with another student to complete ANY coursework is considered a violation of the Student Honor Code, specifically, a violation of Academic Integrity. Collaboration can include (but is not limited to) sharing current or previous course documents, taking quizzes or exams in the same location in similar timeframes, and assisting another student with formatting/research/writing. Students are encouraged to study together—but studying together does not include working together in the completion of course assignments. STUDENTS WHO SUBMIT WORK FROM THE SAME IP ADDRESS WITHIN SIMILAR TIMEFRAMES ARE IN VIOLATION OF THE HONOR CODE, AS THE INSTRUCTOR DOES NOT HAVE THE ABILITY TO DETERMINE WHAT TYPE OF COLLABORATION (IF ANY) HAS TAKEN PLACE, AND IT IS VIRTUALLY IMPOSSIBLE FOR A STUDENT TO PROVE THAT THEY DID NOT VIOLATE THE CODE.

**COLLABORATION**: Written work must be submitted in APA format and must be your own work. No Collaboration is allowed on papers, projects and exams. **Collaboration is allowed on in-class group assignments only.**
Student Responsibilities and Evaluation: THEORY

Suggested reading is designated for each of the thirteen (13) modules; student must complete 12 modules, 1-10 and 13 with the option of 11 or 12 for their 12th module. All (13) modules are required for those students who have not passed NCLEX or had previous licensure. Each module contains an overview, content outline, theory objectives and recommended and supplemental reading materials. The student is responsible for doing sufficient reading and studying to master the material presented. The instructor is available as a facilitator and resource person should questions or problems arise. A suggested format for study includes:

1. Be familiar with the module objectives.
2. Complete required reading, identifying key concepts related to module objectives.
3. Utilize the module objectives as a means of self-testing.
4. Complete the assignments and return them to the instructor.
5. Post all assignments in the proper drop box in ANGEL.

Upon successful completion, make arrangements with the instructor to schedule the final examination. You must attain a 75% on the comprehensive final examination and a 100% on the dosage exam before you begin the clinical practicum. The student will either be able to take the exam online or must be able to provide a name of a proctor in an educational setting. The instructor will then make arrangements with proctor to administer the examination.

Course Assignments:

<table>
<thead>
<tr>
<th>Session</th>
<th>Learning Unit</th>
<th>Required / Reading/Assignments / Tests</th>
</tr>
</thead>
</table>
| Module 1 (6 HR) | **Foundations of Professional Nursing Practice** | Complete assigned readings in texts, websites, and nursing articles listed in Module 1. Peruse helpful websites as listed in Module 1 for additional background information. Review Module 1 information on MCC Nursing Department Philosophy, Nursing Model, Program Outcomes, Definition of Terms, American Nurses’ Association Standards of Practice and Code for Nurses, Levels of Nursing Education, Legal Basis of Nursing Practice, Ethical Theories and Principles, Case Management and Managed Care, Delegation, Generational Considerations in the Workplace, Scope of Practice, and Professional Nursing Organizations. Complete written module assignments which deal with legality, ethics, nursing organizations, managed care, Nurse Practice Act and generational issues.  
  - Take the State Board Nursing Practice Act Exam (Online at the AZ BON)  
  - Review QSEN Competencies  
  Completion of Module 1 |
| Module 2 (7 HR) | **Safe Effective Care Environment Management of Care** | Complete assigned readings in texts, websites, and nursing articles listed in Module 2. Peruse helpful websites as listed in Module 2 for additional background information. Review nursing diagnosis, nursing process, critical thinking, leadership and management principles, patient advocacy, health promotion, recommended health screenings, and evidence-based practice information. Complete assigned readings in texts and nursing articles |
| Module 3 (5 HR) | **Health Promotions Health Assessment** | Complete assigned readings in texts and nursing articles listed in Module 3. Peruse helpful websites as listed in Module 3 for additional background information. Review communication principles, phases of a helping relationship JCAHCO Standards for Patient and Family Education, Handoff Communication and the SBAR Tool. Complete a physical examination and document findings. Formulate a teaching plan involving diagnostic procedures. Compose a patient report using the SBAR format. Text, Supplemental Readings, and Websites Involving:
- Health History
- Physical Assessment
- Common Diagnostic Procedures and the Nurse’s Role in Patient Care
- Communication
- Teaching and Learning Process
- Recording, Reporting, and Conferring
Completion of Module 3 |
| Module 4 (5 HR) | **Health Promotion Nursing Throughout the Lifespan Healthy Developmental Transitions** | Complete assigned readings in texts and nursing articles listed in Module 4. Peruse helpful websites as listed in Module 4 for additional background information. Review theories of Freud, Erikson, Piaget and biological aging. Review physiological changes of aging. Complete module and multiple choice questions dealing with developmental concepts of the life cycle. Text, Supplemental Readings and Websites Involving:
- Developmental Concepts
- Early Growth and Development
- Development into Adolescence
- Developmental Tasks of Early, Middle and Older Adulthood
Completion of Module 4 |
| Module 5 (6 HR) | **Psychosocial Integrity Promotion of Health Psychosocial Responses for the Patient in Transition** | Complete assigned readings in texts and nursing articles listed in Module 5. Peruse helpful websites as listed in Module 5 for additional background information. Review concepts of cultural diversity, loss, death and bereavement, and information about spiritual preferences |
| Module 6 (7 HR) | Physiological Integrity: Reduction of Risk Potential | Complete assigned readings in texts and nursing articles listed in Module 6. Peruse helpful websites as listed in Module 6 for additional background information. Review tube feeding protocol, examples of drug-nutrient interactions, problem-solving with tube feedings, enteral and parenteral nutrition, blood gas interpretation, acid-base imbalance and pulmonary function studies. Complete the blood gas worksheet and module questions on oxygen administration, tube feedings total parenteral nutrition, pain management, skin assessment, sleep-rest patterns and fluid and electrolyte imbalance. Review websites provided

Text, Supplemental Readings and Websites Involving:
- Fluid
- Electrolyte and Acid-Base Balance
- Nutritional Assessment and Needs
- Rest and Sleep
- Pain Management
- Chronic Illness
- Principles of Rehabilitation
- Skin Integrity
- Elimination and Oxygenation
- QSEN Competency: Basic Care and Comfort

Completion of Module 6 |
| Module 7 (7 HR) | Physiological Integrity Pharmacological and Parenteral Therapies Medications an Action Basic to Nursing Practice | Complete assigned readings in texts, websites, and nursing articles listed in Module 7. Peruse helpful websites as listed in Module 7 for additional background information. Review the following procedures: blood transfusion, central venous access devices including dressing changes and drawing blood, intravenous therapy, drug administration including IV locks. Review pharmacokinetics, pharmacodynamics, and the overview of drug classifications. Complete the pharmacology pretest, dosage worksheet and the questions contained within the module. Explore bioterrorism and answer the questions within the module. Text, Supplemental Readings, and Websites Involving:
- Legal Aspects
- Drug Classifications, Schedules and Actions
- Pharmacokinetics Overview
- Pharmacodynamics Overview

Completion of Module 6 |
<table>
<thead>
<tr>
<th>Module 8</th>
<th>Physiological Adaption and Risk Reduction of Risk Potential of Transitions that Patients Encounter within a Medical Surgical Framework</th>
</tr>
</thead>
</table>
| 7 HR     | Complete assigned readings in texts, websites, and nursing articles listed in Module 8. Peruse helpful websites as listed in Module 8 for additional background information. In addition to the medical surgical topics, review disaster preparedness, safety regarding hazardous materials in the workplace, fire, needle sticks, restraints, workplace violence and ergonomics. Answer the questions associated with the module. Text and Supplemental Readings and Websites Involving:  
- Patients with Alterations in Circulation  
- Endocrine System  
- Respiratory System  
- Neurological System  
- GI System  
- Renal System  
- Immune System  
- Musculoskeletal System  
- Safety in the Workplace  
Completion of Module 8 |

<table>
<thead>
<tr>
<th>Module 9</th>
<th>Physiological Integrity Reduction of Risk Potential Related to Perioperative Care</th>
</tr>
</thead>
</table>
| 5 HR     | Complete assigned readings in texts, websites, and nursing articles listed in Module 9. Peruse helpful websites as listed in Module 9 for additional background information. Review perioperative procedures as well as procedural sedation. Answer the questions associated with the module.  
Text, website, and Supplemental Readings Involving:  
- Preoperative Preparation  
- Types of Anesthesia  
- Postoperative Care and Planning Expected Outcomes  
Completion of Module 9 |

<table>
<thead>
<tr>
<th>Module 10</th>
<th>Selected Psychiatric Nursing Topics</th>
</tr>
</thead>
</table>
| 5 HR      | Complete assigned readings in texts, websites, and nursing articles listed in Module 10. Peruse helpful websites as listed in Module 10 for additional background information. Review substance abuse, suicide, violence and abuse, the homeless population, and severe to persistent mental health disorders. Answer the questions contained in the module  
Text, supplemental readings and websites Involving:  
- Substance Abuse |
| Module 11 | Care of Childbearing Family | Complete assigned readings in texts and nursing articles listed in Module 11. Peruse helpful websites as listed in Module 11 for additional background information. Review fetal stages of development, presumptive signs of pregnancy, nutritional risk factors, principles of cultural competency, complications of pregnancy, monitoring of contractions, diagnostic procedures and perinatal nursing care. Answer the questions included in the module and do the research about common drugs utilized in this area of practice. Text, Supplemental Readings, and Websites Involving:  
- Framework of Maternal and Child Health Nursing  
- Nursing Role in Preparing Families for Childbirth and Childrearing  
- Nursing Role in caring for the Pregnant Family  
- Family in Labor and Birth  
- Postpartal Family Transitions  
- Caring for Families with Complications during Pregnancy and Pre-existing Medical Conditions  
- Medications in the Perinatal Transition  
Completion of Module 11 |
|---|---|---|
| Module 12 | Assisting the Ill Child Through a Health-Illness Transition  
Principles of Nursing Care of the Hospitalized Child  
(Pediatric Nursing) | Complete assigned readings in texts and nursing articles listed in Module 12. Peruse helpful websites as listed in Module 12 for additional background information. Review family centered nursing care and principles of cultural competency practiced in this area of Nursing. Review play, preparation for procedures, age appropriate communication, and nutrition relative to the pediatric patient. Answer the questions contained in the module. Text, Supplemental Readings, and Websites Involving:  
- Nursing Process in the care of the Hospitalized Child  
Completion of Module 12 |
| Module 13 | Hospice and Palliative Care-Psychosocial Integrity | Complete assigned readings in texts and nursing articles listed in Module 13. Peruse helpful websites as listed in Module 13 for additional background information. Review the history and purpose of Hospice care. Explore the goals and roles in Hospice care. Outline differences in Hospice care pain management and review assessment of the elderly. Review nursing therapeutics, cultural beliefs and practices of varied religions related to death. Answer the questions contained in the module. Text, Supplemental Readings, and Websites  
- Purpose and History of Hospice Care  
- Goals of Hospice Care  
- Hospice Health Care Team and Roles  
- Sites of Hospice Care |
Textbook Title, Author, and ISBN:
- A clinical nursing procedures text - *Fundamentals of Nursing* (Taylor) is recommended.  
  ISBN # 978-1-4511-8561-4
- A maternal/child text - *Maternal-Child Nursing* (Pillitteri 7th edition) is recommended.  
  ISBN# 978-1-4511-3060-7
- A medical/surgical text- Medical Surgical (Brunner & Suddarth 13th edition) is recommend.  
  ISBN# 978-1-4511-3060-7
- A pharmacology text- Pharmacology for Nurses (Adams) is recommended  
  ISBN # 978-0-13-302618-4
- Computer with online capability with reliable internet service.

The student may choose to purchase texts from the College Bookstore which is online on the homepage is currently stocked for the generic AAS Nursing Program. Other texts may be substituted but they should not be older than three (3) years.

Clinical Practicum:

The student is responsible for practicing skills as needed to prepare for the clinical experience. There are nursing labs available on the Kingman, Bullhead City, Lake Havasu City, and Colorado City Campus sites of Mohave Community College. Please call for an appointment if individualized instruction is desired and to also assure the lab is open when utilization is desired. The student may also make arrangements with their clinical preceptor to practice skills during orientation to their practicum site. Up to 24 hours of the required 160 hours may be spent in a “Clinical simulation lab setting.”

It is the responsibility of the student to locate a clinical agency/ facility that is willing to accept the student for clinical practicum and provide a preceptor. A Clinical and Preceptor Agreement must be signed by the appropriate facility administrative representative and returned with the initial application for the course. The will not be able to register for the class until this agreement is completed and returned to the nursing office.

Prior to beginning the clinical practicum, the RN must have passed the final examination with at least a seventy-five percent (75%) score and the dosage exam with 100%. The RN student must show evidence of a recent medical examination, a negative 2-step TB test or chest x-ray, Tdap, Flu vaccine during flu season, HBV series or declination, status of immunity to MMR and varicella as well as a negative drug screen. The RN must also possess a current CPR card (AHA Healthcare provider) and personal health insurance. The student must have obtained a DPS Clearance Card, [Online PreCheck Background Check](#) (must be completed prior to admission) and active/temporary RN Licensure.
The student must communicate closely with the preceptor for the clinical rotations and verify that appropriate documentation validating successful completion has been submitted to the Nursing Department at Mohave Community College.

The RN Refresher Student chooses the site of their preference. The RN Student must be assigned to an RN preceptor and will be required to work the same schedule for a minimum of one hundred sixty (160) hours. Liability coverage is provided by Mohave Community College.

**Clinical Experience Protocols:**

1. All problems concerning clinical times are to be referred to the Nursing Faculty.

2. In the event of illness or injury in the clinical setting, the student maintains financial responsibility for their own care.

3. All transportation and meals before, during, and after clinical experience are the student’s financial responsibility.

4. All students are required to maintain health insurance coverage, malpractice insurance coverage, current immunizations, TB screening, CPR certification, flu, and negative drug screen. The student must have current documentation on file in the Nursing Department or will not be allowed to participate in the clinical experience.

5. All students are expected to conform to the policies and procedures of the agency where students are assigned.

**Clinical Forms Utilized:**

1. Clinical Skill Checklist (*to be carried by student to all clinical experiences and returned to the MCC Department of Nursing at the end of the course.*)

2. RN Refresher Student Personal Professional Objectives

3. RN Refresher Student Performance Evaluation

4. RN Preceptor Evaluation of Experience

5. RN Refresher Student Evaluation of Experience

6. Nursing Care Plan

*All forms must be returned to the Department of Nursing at Mohave Community College at the end of the clinical practicum in order for the course grade to be assigned.*

Mohave Community College
RN Program
1801 Detroit Ave.
Kingman, Arizona 86401
Students are responsible for abiding by the Student Code of Conduct located in the Student Handbook which can be found on the Students Form page at [http://mohave.edu/pages/244.asp](http://mohave.edu/pages/244.asp)

Students are responsible for knowing and understanding the contents of the MCC Student Code of Conduct ([http://www.mohave.edu/documents/Catalogs/Student_Code_of_Conduct.pdf](http://www.mohave.edu/documents/Catalogs/Student_Code_of_Conduct.pdf))

**MCC Connect/Help Desk:** ANGEL access issues, password issues, and any other access concerns should be referred to MCC Connect at 866-MOHAVE CC (866-664-2832) or by email to helpdesk@mohave.edu.

**Student E-Mail Accounts:** MCC uses this email account to send you important information. As a student, it is your responsibility to check this account regularly or forward this email to an account that is checked regularly. For information on how and where to access your MCC student email account, go through the MyMohave portal at [http://mymohave.mohave.edu](http://mymohave.mohave.edu)

**Student Support Services, Programs and Contact Information:** Student support is available on all MCC campuses. For all contact numbers see the phone directory and campus locations in the MCC Catalog which is found at [http://catalog.mohave.edu/](http://catalog.mohave.edu/) for information. Once on catalog home webpage, choose MCC staff in the second paragraph to lead you to the phone directory; choose General Information in the menu on the left of the home page to lead you to campus locations; choose Student Support Services and Programs in menu on the left side of the page for a listing of services.

**ADA Statement:** Mohave Community College strives to facilitate, within reason, appropriate resources, services, and auxiliary aids to allow each qualified person with a documented disability equitable access to educational programs, social experiences, and career opportunities. If you need accommodations at Mohave Community College for a documented disability, please contact the Student Services Specialist on your campus or the Disability Services Director. Additional information can be located on with website at: [http://www.mohave.edu/resources/disabilityservices](http://www.mohave.edu/resources/disabilityservices). NOTE: Students who wish to utilize these accommodations must report their concerns to the Disability Services Director, not the instructor.

**Diversity Statement:** Mohave Community College is committed to providing equal employment opportunity, educational opportunity, and advancement to individuals without regard to race, color, religion, gender, national origin, age, mental or physical disability, sexual orientation, veteran status, or any other legally protected class in any of its policies, practices, or procedures. Respecting the diversity of life experiences, we seek to celebrate the unique characteristics of all faculty, staff, students and community members. The college shall promote equal opportunity and treatment on a continuing basis through a positive and ongoing affirmative action program. See the MCC Diversity webpage for further information.

**Code of Conduct:** Students are responsible for abiding by the Student Code of Conduct located in the Student Handbook which can be found at [http://catalog.mohave.edu/](http://catalog.mohave.edu/). Choose Student Handbook from menu on left side of home page. Then choose Students Rights and Responsibilities. The Student Code of Conduct is the first item discussed with a link to the total document. For further information on “What is plagiarism and why is it important?” please refer to the following: [http://www.mohave.edu/documents/Library/Resources/Lib_Avoid_Plagiarism_1604.pdf](http://www.mohave.edu/documents/Library/Resources/Lib_Avoid_Plagiarism_1604.pdf)

**Course Withdrawal Process:** It is the student’s responsibility to withdraw from class within the withdrawal period (see syllabus for withdrawal dates). Ceasing to attend does not constitute a withdrawal. Note that this process takes *four business days*; please plan ahead. Note: When you withdraw from a class:

- You will receive a W with no credit values on your transcript.
- You are not eligible for a refund of tuition or fees.
- If you have received financial aid, you may have to pay back the monies received. You must contact the Bursar’s office within 7 days to make payment arrangements on any outstanding amount. You will be unable to register for additional classes or receive a transcript until financial arrangements have been made with the Bursar.
Instructions:
1. Contact a Student Services Specialist who is an expert in Financial Aid to learn how you will be impacted by withdrawing. Call MCC Connect at 866-MOHAVE CC (866-664-2832).
2. Using your MCC student e-mail, notify your instructor at his/her MCC email account that you intend to withdraw from class.
3. After hearing from your instructor (or after three business days if the instructor does not reply), log in to JICS and complete the withdrawal form. The date the form is submitted will be listed as your last day of attendance.
4. Check your email for a confirmation of the withdrawal. Enrollment Service will send a confirmation of withdrawal to the student, the instructor, Financial Aid, and the Help Desk.

Student Rights and Responsibilities: Students are responsible for abiding by College Policies which cover drug free campus, emergency procedures, infectious disease, campus safety, sexual harassment, smoke free environment, use of electronic devices, solicitation, visitor expectations, voter registration and weapons policy. The student handbook also covers the disruptive student policy and the student honor policy, including academic integrity and plagiarism, copyright compliance, dress code, FERPA information, the grievance process, and how to update personal information. The academic section covers attendance, grading, auditing, incomplete course grades, withdrawals, academic probation and dismissal, withdrawals, and incomplete grade contracts. Students are responsible for abiding by the policies governing these topics that can be found in the MCC Catalog at http://catalog.mohave.edu/. College Policies are found within the Student Handbook as are other policies in the Students’ Rights and Responsibilities section.
Mohave Community College Refresher Course Program

Self-Assessment Questionnaire to Determine Readiness for Enrollment

This survey has been designed to help you determine, in advance, if your investment of time and money in either the RN or LPN Refresher Courses will likely lead to your successful completion of the program, and therefore a nursing employment opportunity in the future. Not everyone who takes the Refresher Program is successful. The questions in this survey were developed from the experiences of working with Refresher students and identifying those areas and issues that were barriers to the candidate’s successful completion of the course.

Please respond to the following questions with absolute honesty after careful consideration of your habits, capabilities, home environment and all family, social and other demands upon your time and energy. *(Mark a Y or N as appropriate to the left of each question, then total your responses at the end).*

1. Are you prepared to spend about 10 hours (if left nursing in the last 5 years) to 20 hours (if left nursing 10 years or more ago) every week for 16-24 weeks studying, reading text books, surfing the internet, reading online articles, completing study modules and communicating with your faculty member?

2. Do you believe you can adequately cope with multiple stressors on your time and energy (family, friends, social obligations, employment, school), especially when you have deadlines to meet?

3. Do you have supportive friends and family who are encouraging you to return to nursing?

4. If you currently work (outside nursing), can you afford to cut back on your hours to create time to do the course work, plus however long it takes you to complete your 160 hours of Preceptorship?

5. Do you have sufficient saving/monies to cover the $600 (approximate) costs incurred through obtaining various health and legal requirements for this course prior to the clinical experience? (Licensure, immunizations/titers, CPR, health insurance, TB skin tests, uniforms, stethoscope, etc.)

6. Do you have sufficient internet and computer experience that will help you get online to access large databases, open multiple sites at once, move between documents and sites, and upload/download attachments, photos and documents or are you willing to learn?

7. Do you have an internet connection?

8. Can you afford appropriate computer access system for 6 months that will be required for participation in the course (installation and maintenance fee)? *(Answer may be “N/A”)*

9. Do you believe your MD or Primary Care Provider will determine that you are “fit” to practice nursing in most settings? (This would include bending, lifting, carrying, and the physical endurance to work a 12 hour shift.)

10. Do you believe that you can pass a mental acuity and memory test that would indicate you “fit” to practice professional nursing?
11. Do you believe you can adequately handle the stress of acutely ill patients with multiple diagnoses, multitasking, delegation, heightened responsibility, and rapid pace of professional nursing today?

12. Can you reliably get to and from your clinical placement site as required?

13. Have you worked in a clinical setting as an RN/LPN within the last 20 years?

**Questions 1 through 13:**
Number of “NO” responses:

- 0-3: You are probably a good candidate for the course.
- 4-6: With advance planning, you may be able to enroll in the course at some point in the future.
- 7+: It is not recommended for you to take the Refresher Program. You may speak with the Director of Nursing about your potential problems or limitations.

**Question 14:** Individuals who have not practiced for 20 years or more are not eligible for this course.

For questions regarding any of the above, please contact the Director of Nursing at Mohave Community College:

Paula McNichols RN, MSN  
Director of Nursing  
Mohave Community College  
1801 Detroit Avenue  
Kingman, Arizona, 86401  
[pmcnichols@mohave.edu](mailto:pmcnichols@mohave.edu)  
928-757-0868
APPENDIX-I

Student Forms

RN Refresher Application
Student Acknowledgement Form
Preceptorship Agreement
Student Physical Form
Physical Requirements Form
Online PreCheck Background Check

All forms need to be completed prior to admission and sent directly to the Nursing Department
1801 Detroit Ave., Kingman, AZ 86401
## APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
<th>Maiden:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>(City)</th>
<th>(State)</th>
<th>(Zip)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Birthdate:</th>
<th>Social Security Number:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Month)</td>
<td>(Day)</td>
<td>(Year)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Basic Nursing Program:</th>
<th>(Location / Year Graduated)</th>
</tr>
</thead>
</table>

## ADDITIONAL NURSING EDUCATION

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>City</th>
<th>State</th>
<th>Degree</th>
<th>Date</th>
</tr>
</thead>
</table>

## WORK EXPERIENCE

<table>
<thead>
<tr>
<th>Name Of Institution</th>
<th>Type of Nursing</th>
<th>Dates of Employment</th>
</tr>
</thead>
</table>
1. Are you currently under investigation or is a disciplinary action pending against your nursing license or CNA certificate in any state, other than Arizona, or territory of the United States?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>If yes, please explain:</th>
</tr>
</thead>
</table>

If you answered “YES” to this question, your application will not be processed until you provide us with information from the AZ State Board of Nursing stating that you are eligible for a temporary license for the refresher course only.

Before you answering the next question, read the following: The fact that a conviction has been performed, expunged, dismissed, deferred, or that your civil rights have been restored, does not mean that you answer this question “NO”; you would have to answer “YES” and give details on each conviction.

2. Have you ever been convicted, entered a plea of guilty, no contender or no contest, or have you ever been sentenced, served time in jail or prison, or had probation or sentenced deferred in ANY FELONY or undesignated offense?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>If yes, please explain:</th>
</tr>
</thead>
</table>

If you answered “YES” to this question, your application will not be processed until you provide us with information from the AZ State Board of Nursing stating you are eligible for a temporary license for the refresher course only.

If you are applying to take the course as part of a Board Consent Agreement (Board Only):
   a. Submit a copy of Consent Agreement (Order) to the Director of Nursing.
   b. Subject to interview by Director of Nursing or Faculty.
   c. Acceptance of students on Consent Agreement (Board Order) is limited.

It is responsibility of the student to locate a clinical facility that is willing to accept you for clinical rotations and provide a preceptor. The Clinical and Preceptor Agreement must be signed by the representative of the facility and the preceptor and returned with the application. **No student will be allowed to register for this class until the clinical/preceptor agreement is secure.** No student will be allowed to participate in clinical rotations until Mohave Community College and the facility have signed a working agreement.

By signing below, I am certifying that all statements are true, correct, and complete and that I understand that any false statements can result in dismissal from the Refresher Course. I understand that I will not be allowed to complete this course or participate in any clinical rotations without the above documentation being received by the Mohave Community College Nursing Department.

______________________________  ____________________________
(Student Signature)             (Date)
1. NUR 235, RN Refresher, is a distance education program from the Mohave Community College Department of Nursing, approved by the Arizona State Board of Nursing.

2. Student must be able to obtain a current/temporary licensure from Arizona State Board of Nursing.

3. Modular work must be completed at a satisfactory level.

4. Final examination must score at least 75% in order to progress to clinical portion of course.

5. Score of 100% on the dosage exam.

6. It is the student’s responsibility to secure a clinical facility and preceptor for clinical rotation. This must be completed prior to registration for the class. If student cannot secure clinical preceptor, there are no refunds for course given.

7. Student is responsible for medical examination, titers, drug screen, personal medical insurance, etc.

8. College provides student malpractice insurance.

9. Student understands that faculty will communicate with clinical preceptor as needed.

By signing below, student is acknowledging that they read and understand the above statements.

Student Signature: ___________________________ Date: ___________________________
REFRESHER STUDENT

I have met with ________________________________, who will be a student at Mohave Community College enrolled in the LPN/RN Refresher course, and agree to provide clinical rotation at this facility along with a preceptor for the 112/160 required hours of clinical rotation. This will be at no additional cost to the student. The facility will be notified in writing of the student’s successful completion of the coursework and final examination and will at that time be provided the goals and expectations for the clinical rotation. The student will make arrangements with preceptor to begin the clinical rotation and will be assigned the same shift hours and unit as the preceptor.

FACILITY INFORMATION

Name and Title of Preceptor: ________________________________ (PLEASE PRINT)

Signature: ________________________________ Date: ______________

Name of Hospital or Facility: ________________________________

Mailing Address: ________________________________

Signature of Facility Representative: ________________________________

City: ________________________________ State: __________ Zip: ______

Contact Phone Number: ________________________________

ADDITIONAL INFORMATION

The Nursing Department at Mohave Community College will implement a contractual agreement and submit it to the facility for the appropriate signatures, if one has not already been established. For further questions regarding this, please feel free to contact the Nursing Department at any time: 928-757-0868 or 928-505-3368

WAYS OF RETURNING FORM

MAIL TO
Mohave Community College
Nursing Department
1801 Detroit Ave.
Kingman, AZ 86401

EMAIL TO
ckipke@mohave.edu

FAX TO
928-718-7084
All Nursing / Allied Health students must complete this form prior to Nursing Boot Camp. Physical Exam, TB Testing, UA & CBC should begin upon receiving your acceptance packet. Make Copies of Physical and Lab reports for your records.

<table>
<thead>
<tr>
<th>MCC-ID:</th>
<th>NAME (print):</th>
<th>(LAST)</th>
<th>(HRT)</th>
<th>(M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>(STREET)</td>
<td>(CITY)</td>
<td>(STATE)</td>
<td>(ZIP)</td>
</tr>
<tr>
<td>PHONE:</td>
<td>( )</td>
<td>DOB:</td>
<td>AGE:</td>
<td>SEX:</td>
</tr>
</tbody>
</table>

### PERSONAL HISTORY (to be filled out by student)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatic Fever</td>
<td>Hernia</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>Asthma</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Kidney Disease</td>
</tr>
<tr>
<td>+ Positive Skin Test</td>
<td>Hepatitis</td>
</tr>
<tr>
<td>Orthopedic Problem</td>
<td>Sickle Cell Disease/Trait</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Fainting</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Medications:

Signature: ___________________________ Date: ____________

### CLINICAL EVALUATION (to be completed by healthcare provider) Write Findings. No check (v) marks.

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Blood Pressure</th>
<th>Pulse</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISION (R)</td>
<td>(L)</td>
<td>CORRECTED (R)</td>
<td>(L)</td>
</tr>
<tr>
<td>Head</td>
<td>Chest-Lungs</td>
<td>Menses</td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td>Heart</td>
<td>Cardiovascular</td>
<td></td>
</tr>
<tr>
<td>Eyes</td>
<td>Breast</td>
<td>Endocrine System</td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td>Abdomen</td>
<td>Lymphatic System</td>
<td></td>
</tr>
<tr>
<td>Throat</td>
<td>Hernia</td>
<td>Neurological</td>
<td></td>
</tr>
<tr>
<td>Teeth</td>
<td>Genitalia (Male)</td>
<td>Spine-Musculoskeletal</td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td>Pelvic (Optional)</td>
<td>Lower Extremities</td>
<td></td>
</tr>
<tr>
<td>Neck-Thyroid</td>
<td>Ano-Rectal</td>
<td>Upper Extremities</td>
<td></td>
</tr>
</tbody>
</table>

### LAB Values – ABNORMAL RESULTS MUST BE ADDRESSED BY YOUR HEALTH CARE PROVIDER

Urinalysis (attach lab copy) ___________________________ HGB/HCT (attach lab copy) ___________________________

Repeat Urinalysis ___________________________

### REQUIRED ANNUALLY

Tuberculin Test (PPD Intradermal only) Two Step

<table>
<thead>
<tr>
<th>Date Given:</th>
<th>Date Read (48-72hrs):</th>
<th>Results (in mm):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

POSITIVE reactors to TB Test must submit written results of Chest X-ray report (PA & lateral). (Attach copy of CXR report.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Results:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Required on Initial Physical Only: TITERS NEED TO BE DONE ONE TIME ONLY

* Attach Lab Reports to this Form – FOUR (4) TITERS MUST BE SUBMITTED. EQUIVOCAL TITERS ARE NOT ACCEPTABLE AND REQUIRE IMMUNIZATION. NEGATIVE TITERS REQUIRE IMMUNIZATION. REPEAT TITER WILL BE REQUIRED IN 30 DAYS.

<table>
<thead>
<tr>
<th>(If Negative, Vaccine Administered)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Rubeola Titer (Value):</td>
</tr>
<tr>
<td>* Mumps Titer (Value):</td>
</tr>
<tr>
<td>* Rubella Titer (Value):</td>
</tr>
<tr>
<td>* Varicella Titer (Value):</td>
</tr>
</tbody>
</table>

### IMMUNIZATIONS

<table>
<thead>
<tr>
<th>Polio Salk-Sabin (any history) Date:</th>
<th>Influenza:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria/Tetanus Booster within ten years, Date:</td>
<td>Tdap, Date:</td>
</tr>
<tr>
<td>Hepatitis B: Date 1</td>
<td>Date 2</td>
</tr>
</tbody>
</table>

Page | 28
ALDVD HEALTH AND RN STUDENTS ARE ADVISED TO BE IMMUNIZED WITH HEPATITIS B VACCINE PRIOR TO THE BEGINNING OF CLINICAL PRACTICE OR MUST SIGN A DECLINATION STATEMENT.

HEPATITIS B DECLINATION STATEMENT
I understand that during my participation in my clinical internship, I may be exposed to blood or other potentially infectious materials and I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been informed of the need to be vaccinated with Hepatitis B vaccine. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease. I understand that Mohave Community College cannot mandate that I take this vaccination in order to continue my education in my chosen health science program. My failure to be immunized could jeopardize the successful fulfillment of the requirements of my program at Mohave Community College, which may preclude me from graduating. I further understand and agree that I cannot hold Mohave Community College responsible for any injury or illness arising from my activity and/or exposure to blood or other blood borne pathogens in my program and clinical laboratories.

Name (print): ___________________________________________ Student Signature: __________________________ Date: ________________

PHYSICIAN’S CERTIFICATION
Above named patient is deemed to be free from any addictive substances (by visual inspection only).
Is this the first time you have seen this patient?  YES__________ NO __________

THE FOLLOWING IS A LIST OF CORE PERFORMANCE STANDARDS FOR NURSING STUDENTS

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Standards</th>
<th>Examples of Necessary Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional/interpersonal Relationships</td>
<td>Interpersonal skills sufficient for professional</td>
<td>Establishment of rapport with patients/clients, interdisciplinary team members and colleagues. Capacity to engage in successful conflict resolution. Ability to exercise thinking, reasoning and judgment in a client care situation. Peer accountability Psychological stability to perform effectively under stress.</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication abilities sufficient for effective interactions with patients and others (family and members of the healthcare team in verbal and written forms).</td>
<td>Able to obtain information, provide explanation of treatment procedures, initiation health education teaching. Uses computers to document patient information. Documentation and interpretation of nursing actions and patient/client responses.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient for movement from room to room and maneuver in small spaces.</td>
<td>Movement about patient’s room, work spaces and treatment areas without difficulties. Administration of rescue procedures-cardiopulmonary resuscitation-CPR. Ability to lift 50 pounds. Stands and walks continuously for up to eight hours. Safely handles blood and other body fluid, assist with or administer treatment and therapies using potentially hazardous equipment (i.e. needles, caustic drugs and x-rays.)</td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Gross and fine motor abilities sufficient for providing safe and effective nursing care.</td>
<td>Calibration, lift, move and operate equipment in caring for the patient, manual dexterity to manipulate syringes, vials, pills, buckle and un buckle, apply dressings, binders an sterile gloves, administer medications by all routes, perform therapeutic positioning of patients: lift, move position, and handle patient to minimize discomfort and provide basic care.</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient for monitoring and assessing health needs.</td>
<td>Ability to hear monitoring device alarms and other emergency signals and PA announcements, normal conversations. Ability to discern auscultatory sounds (heart and lung) using a stethoscope, and cries for help, taking a blood pressure.</td>
</tr>
<tr>
<td>Visual</td>
<td>Visual ability sufficient for observation and assessment necessary in patient care.</td>
<td>Ability to observe patient’s condition and responses to treatments (i.e skin color changes.) Able to read doctor’s orders and medical dosages on syringes and vials.</td>
</tr>
<tr>
<td>Tactile Sense</td>
<td>Tactile ability sufficient for physical assessment.</td>
<td>Ability to perform palpation, functions of physical examinations and various therapeutic interventions (i.e. insertion of a catheter and palpitation of pulse).</td>
</tr>
</tbody>
</table>

PHYSICIANS SIGNATURE OF AUTHORIZATION
Based on the physical examination, do you find this person capable of performing ALL of these functions without ANY reservations?  YES__ NO_____

If NO, Please Explain: ____________________________________________

Physician Name (please print): ___________________________________________ Date: ________________
Physician Signature: __________________________ Phone Number: __________________________
Address: __________________________ City: __________________________ State: _________ Zip: _________
**Student Info**

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Social Security #:</th>
<th>/</th>
<th>/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell Phone:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Nursing Student Qualifications**

Nursing is a practice discipline with cognitive, sensory, affective, objective and psychomotor performance requirements. Although accommodations can be made in the classroom/clinical setting to accommodate students with disabilities, all students must be able to meet Core Performance Standards for nursing students. These standards reflect activities which nursing students are required to perform while enrolled in a nursing program. The standards are to be used to assist each applicant/student in determining whether or not they can fulfill the requirements of the program and/or whether accommodations or modifications are necessary.

**The following is a list of core performance standards for nursing students**

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Standards</th>
<th>Examples of Necessary Activities (Not all inclusive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional/interpersonal Relationships</td>
<td>Interpersonal skills sufficient for professional with a diverse population of individuals, families and groups from a variety of social, emotional, cultural, and intellectual backgrounds.</td>
<td>Establishment of rapport with patients/clients, interdisciplinary team members and colleagues. Capacity to engage in successful conflict resolution. Ability to exercise thinking, reasoning and judgment in a client care situation. Peer accountability. Psychological stability to perform effectively under stress.</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication abilities sufficient for effective interactions with patients and others (family and members of the healthcare team in verbal and written forms.</td>
<td>Able to obtain information, provide explanation of treatment procedures, initiation health education teaching. Uses computers to document patient information. Documentation and interpretation of nursing actions and patient/client responses.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient for movement from room to room and maneuver in small spaces.</td>
<td>Movement about patient’s room, work spaces and treatment areas without difficulties. Administration of rescue procedures-cardiopulmonary resuscitation-CPR. Ability to lift 50 pounds. Stands and walks continuously for up to eight hours. Safely handles blood and other body fluid, assist with or administer treatment and therapies using potentially hazardous equipment (i.e. needles, caustic drugs and x-rays.)</td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Gross and fine motor abilities sufficient for providing safe and effective nursing care.</td>
<td>Calibration, lift, move and operate equipment in caring for the patient, manual dexterity to manipulate syringes, vials, pills, buckle and unbuckle, apply dressings, binders an sterile gloves, administer medications by all routes, perform therapeutic positioning of patients: lift, move position, and handle patient to minimize discomfort and provide basic care.</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient for monitoring and assessing health needs.</td>
<td>Ability to hear monitoring device alarms and other emergency signals and PA announcements, normal conversations. Ability to discern auscultatory, sounds (heart and lung) using a stethoscope, and cries for help, taking a blood pressure.</td>
</tr>
<tr>
<td>Visual</td>
<td>Visual ability sufficient for observation and assessment necessary in patient care.</td>
<td>Ability to observe patient’s condition and responses to treatments (i.e. skin color changes.) Able to read doctor’s orders and medical dosages on syringes and vials.</td>
</tr>
<tr>
<td>Tactile Sense</td>
<td>Tactile ability sufficient for physical assessment.</td>
<td>Ability to perform palpation, functions of physical examinations and various therapeutic interventions (i.e. insertion of a catheter and palpitation of pulse.</td>
</tr>
</tbody>
</table>

**Understanding of Requirements**

As an RN Student of Mohave Community College, I understand I must be able to meet the above physical requirements. I have read and understand the requirements, and I am able to perform all the above listed functions.

As an RN Student of Mohave Community College, I understand that I must provide the following requirements:

1) Proof of current vaccinations or verification of immunity through positive titer’s
   a. MMR
   b. Varicella (x2)
   c. Hepatitis B Series
   d. Annual Influenza
   e. Tdap
2) Negative TB (2-step) or Chest X-ray
3) Current CPR certification (American Heart-Healthcare Provider)
4) Current Health Insurance
5) Negative Drug screen (positive results must be followed up with verifiable proof of prescriptions)
6) Current Physical Examination form

As a Nursing Student of MCC, I understand that failure to provide CURRENT documentation will hinder my progression in the nursing program.

**Student Info**

<table>
<thead>
<tr>
<th>Student Name (please print):</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Student Signature:**
Essential Skills & Functional Abilities for Nursing

Mohave Community College

Individuals who apply for admission to the Mohave Community College Nursing Program must be able to perform essential skills. Any applicant who has met the necessary prerequisites and who can perform the essential functions will be considered for admission. If a student believes that he or she cannot meet one or more of the standards without accommodations, the nursing program must determine, on an individual basis, whether a reasonable accommodation can be made.

<table>
<thead>
<tr>
<th>Functional Ability</th>
<th>Standard</th>
<th>EXAMPLES of required activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Abilities</td>
<td>Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care.</td>
<td>Mobility sufficient to carry out patient care procedures such as assisting with ambulation of clients, administering CPR, assisting with turning and lifting patients, providing care in confined spaces such as treatment room or operating suite etc.</td>
</tr>
<tr>
<td>Manual Dexterity</td>
<td>Demonstrate fine motor skills sufficient for providing safe nursing care.</td>
<td>Motor skills sufficient to handle small equipment such as insulin syringe and administer medications by all routes, perform tracheotomy suctioning, insert urinary catheter, etc.</td>
</tr>
<tr>
<td>Perceptual Sensory Ability</td>
<td>Sensory / perceptual ability to monitor and assess clients.</td>
<td>• Sensory abilities sufficient to hear alarms, auscultatory sounds, cries for help, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Visual acuity to read calibrations on 1cc syringe, assess color (cyanosis, pallor, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Tactile ability to feel pulses, temperature, palpate veins, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Olfactory ability to detect smoke or noxious odor, etc.</td>
</tr>
<tr>
<td>Behavioral Interpersonal</td>
<td>• Ability to relate to colleagues, staff and patients with honesty, integrity, and nondiscrimination.</td>
<td>• Establish rapport with patients / clients and colleagues.</td>
</tr>
<tr>
<td>Emotional</td>
<td>• Capacity for development of mature, sensitive and effective therapeutic relationships.</td>
<td>• Work with teams and workgroups.</td>
</tr>
<tr>
<td></td>
<td>• Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds.</td>
<td>• Emotional skills sufficient to remain calm in an emergency situation.</td>
</tr>
<tr>
<td></td>
<td>• Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism.</td>
<td>• Behavioral skills sufficient to demonstrate the exercise of good judgment and prompt completion of all responsibilities attendant to the diagnosis and care of clients.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Adapt rapidly to environmental changes and multiple task demands.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Maintain behavioral decorum in stressful situations.</td>
</tr>
<tr>
<td><strong>Capacity to demonstrate ethical behavior, including adherence to the professional nursing and student honor codes.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ability to communicate in English with accuracy, clarity and efficiency with patients, their families and other members of the healthcare team (including spoken and nonverbal communication, such as interpretation of facial expressions, affect and body language.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Required communication abilities, including speech, hearing, reading, writing, language skills and computer literacy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Gives verbal directions to or follows verbal directions from other members of the healthcare team and participates in healthcare team discussions of patient care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Elicits and records information about health history, current health state and responses to treatment from patients or family members.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Conveys information to clients and others as necessary to teach, direct and counsel individuals in an accurate, effective and timely manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Establishes and maintains effective working relationships with patients and co-workers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Recognizes and reports critical patient information to other caregivers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cognitive Conceptual Quantitative Abilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ability to read and understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis and synthesis.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ability to gather data, to develop a plan of actions, establish priorities and monitor and evaluate treatment plans and modalities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ability to comprehend three-dimensional and spatial relationships.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ability to react effectively in an emergency situation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Calculates appropriate medication dosage given specific patient parameters.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Analyzes and synthesizes data and development of an appropriate plan of care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Collects data, prioritize needs and anticipate reactions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Comprehends spatial relationships adequate to properly administer injections, start intravenous lines or assess wounds of varying depths.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Recognizes an emergency situation and responds effectively to safeguard the patient and other caregivers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Transfers knowledge from one situation to another.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Accurately processes information on medication container, physicians’ orders, and monitor equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records and policy and procedure manuals.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Safe environment for patients, families, and co-workers | • Ability to accurately identify patients.  
• Ability to effectively communicate with other caregivers.  
• Ability to administer medications safely and accurately.  
• Ability to operate equipment safely in the clinical area.  
• Ability to recognize and minimize hazards that could increase healthcare associated infections.  
• Ability to recognize and minimize accident hazards in the clinical setting including hazards that contribute to patient, family, and co-worker falls. | • Prioritizes tasks to ensure patient safety and standard of care.  
• Maintains adequate concentration and attention in inpatient care settings.  
• Seeks assistance when clinical situation requires a higher level or expertise/experience.  
• Responds to monitor alarms, emergency signals, call bells from patients, and orders in a rapid and effective manner. |
| Computer and Internet Use | • Ability to use a computer, including common software applications.  
• Ability to access the community college’s intranet programs.  
• Ability to access and use the Internet. | • Proficient in using word processing software to prepare assignments.  
• Use computer to access Mohave community College’s student email system, ANGEL and other software programs as assigned by instructor.  
• Use computer to access websites on the Internet/World Wide Web to obtain references, take tests, access learning materials and other assigned uses. |
INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK
FOR A CLINICAL EDUCATION PROGRAM

Mohave Community College - RN Associate Degree

Background checks are required on incoming students to insure the safety of the patients treated by students in the clinical education program. You will be required to order your background check in sufficient time for it to be reviewed by the program coordinator or associated hospital prior to starting your clinical rotation. A background check typically takes 3-5 normal business days to complete. The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. Your order must be placed online through StudentCheck.

Go to www.mystudentcheck.com and select your School and Program from the drop down menus for School and Program. It is important that you select your school worded as Mohave Community College - RN Associate Degree.

Complete all required fields as prompted and hit Continue to enter your payment information. The payment can be made securely online with a credit or debit card. You can also pay by money order, but that will delay processing your background check until the money order is received by mail at the PreCheck office. Texas residents will pay $53.58 and New Mexico residents will pay $53.09. Residents in all other states will pay $49.50. For your records, you will be provided a receipt and confirmation page of the background check performed through PreCheck, Inc.

PreCheck will not use your information for any other purposes other than the services ordered. Your credit will not be investigated, and your name will not be given out to any businesses.

FREQUENTLY ASKED QUESTIONS:

- Does PreCheck need every street address where I have lived over the past 7 years? No. Just the city and state.
- I selected the wrong school, program, or need to correct some other information entered, what do I do? Please email StudentCheck@PreCheck.com with the details.
- How long does the background check take to complete? Most reports are completed within 3-5 business weekdays.
- Do I get a copy of the background report? Yes. Log into www.mystudentcheck.com and click on “Check Status”, and enter your SSN and DOB. If your report is complete, you may click on the application number to download and print a copy. This feature is good for 90 days after submittal. After 90 days, you will be charged $14.95 for a copy of your report, and will need to contact PreCheck directly to request this.
- I have been advised that I am being denied entry into the program because of information on my report and that I should contact PreCheck. Where should I call? Call PreCheck’s Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and to dispute anything reported.

If you need further assistance, please contact PreCheck at StudentCheck@PreCheck.com.
Admission/Readmission Procedures

Citizenship, Permanent Residency or Lawful Immigration Status Forms REG 0063-A

REG Form 41-A (pg.2)

Certification of United States Citizenship or Lawful Immigration Status Form REG 0056

In-State or WUE Tuition Rate Forms REG 0064

Course Enrollment Form REG 0017

All forms need to be completed and sent directly to the Nursing Department
1801 Detroit Ave., Kingman, AZ 86401
All admission and readmission forms need to be completed online. The purpose of this procedure, once given, your Social Security Number (SSN) is then used to match your current and or future records with any past records, ensuring that you receive full credit for all academic course work.

To get started on the admissions process, go to:

https://jics.mohave.edu/ICS/Admissions_Apply_Online/

Once you have logged into the website, click on the link under Step 1: Apply for Admissions which states “Online Admissions Application” then click on “Admission Application-MCC” and fill in the blanks to the best of your knowledge.

Please note, this is for the MCC admission process only. It does NOT register you for any classes.

Sign, Date, and Return acknowledging completion of the admission process.

Student Name (Please Print)

______________________________________________

Student Signature______________________________________ Date

Revised: 1/29/15
Citizenship, Permanent Residency or Lawful Immigration Status
for Students Applying for In-State or WUE Tuition Rates

Arizona law requires that in order for students to apply for in-state residency status for in-state tuition rates or state-funded financial aid (or WUE residency status for WUE tuition rates), the student must provide verification of citizenship, permanent residency or other lawful immigration status.

By the presentation of the following documents, I attest that the information I have provided is true and correct, and that all documents are genuine. I understand that false or misleading information or documents related to this certification may subject me to expulsion from the College as well as other legal sanctions.

Student Signature: ___________________________ Student’s legal name (please print): ___________________________

Student’s MCC ID Number or Social Security Number: ___________________________ Student’s date of birth: ____________

A student must present original documents or copies certified by the issuing agency. All documents must be in English. The College is not required to photocopy the document(s) presented.

These documents give the student eligibility to apply for in-state or WUE tuition rates. The student must complete Reg Form 64, and provide documentation as requested, in order to meet further eligibility requirements.

Option A – Establish Identity and Citizenship/Lawful Presence - Only one of the following documents is required to be presented by a student who chooses this option. Place a check mark next to the document presented.

<table>
<thead>
<tr>
<th>OPTION</th>
<th>Document Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Current valid Arizona Motor Vehicle Department driver's license/identification card issued after December 21, 2014 with an expiration date greater than 2 years from date of issuance.</td>
</tr>
<tr>
<td></td>
<td>US Passport (unexpired or expired)</td>
</tr>
<tr>
<td></td>
<td>Certificate of U.S. Citizenship (Form N-560 or N-561).</td>
</tr>
<tr>
<td></td>
<td>Certificate of Naturalization (Form N-550 or N-570).</td>
</tr>
<tr>
<td></td>
<td>Current Permanent Resident Card with photograph or alien Registration Receipt Card with photograph (Form I-151 commonly referred to as a “Green Card” or Form I-551).</td>
</tr>
<tr>
<td></td>
<td>Form I-94 verifying current status (stamp) as “Refugee,” “Asylum Granted,” “Parolee,” or “Cuban-Haitian Entrant.”</td>
</tr>
<tr>
<td></td>
<td>Current Foreign Passport with an I-551 stamp.</td>
</tr>
<tr>
<td></td>
<td>Current Foreign Passport indicating nonimmigrant visa status.</td>
</tr>
<tr>
<td></td>
<td>Current Reentry Permit (Form I-327).</td>
</tr>
<tr>
<td></td>
<td>Current Refugee Travel Document (Form I-571).</td>
</tr>
</tbody>
</table>

Documents Reviewed and entered by (Signature of College Employee): ___________________________ Date: ____________

MCC Form REG 0063-A (rev 01/17/15)
Citizenship, Permanent Residency or Lawful Immigration Status
for Students Applying for In-State or WUE Tuition Rates

Student’s legal name (please print): ____________________________ Student’s MCC ID Number or Social Security Number: ______________________

Options B and C – One document from Option B and one document from Option C are required to be presented by a student who chooses these options.

Option B – Establish Identity. Place a check mark next to the document presented.

<table>
<thead>
<tr>
<th>OPTION B</th>
<th>Document Title</th>
<th>Document Number (if any)</th>
<th>Expiration Date (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current valid driver’s license/identification card issued from any state other than AZ provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>U.S. military I.D. card or draft record.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>U.S. military DD-214: Member -4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>U.S. military dependent’s ID card</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>U.S. Coast Guard Merchant Mariner card.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Native American tribal document (indicating identity of the student).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Choose one for persons under age 18 who are unable to present any of Option B documents listed above:

- School record or report card with photo
- School I.D. card with photo

Option C – Establish Citizenship/Lawful Presence. Place a check mark next to the document presented.

<table>
<thead>
<tr>
<th>OPTION C</th>
<th>Document Title</th>
<th>Document Number (if any)</th>
<th>Expiration Date (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>United States social security card issued by the Social Security Administration that is not marked “valid for work only”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>AZ Voter Registration card</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Native American tribal document related to the student</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>U.S. Citizen ID card (Form I-197).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identification Card for use of Resident Citizen in the United States (Form I-179).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Documents Reviewed and entered by (Signature of College Employee): ____________________________ Date: ____________________________

MCC Form REG 0065-A (rev 01/17/15)
Citizenship, Permanent Residency or Lawful Immigration Status
for Students Applying for In-State or WUE Tuition Rates

Student's legal name (please print): ________________________
Student's MCC ID Number or Social Security Number: ________________

Arizona law requires that students who are enrolling in classes where the tuition is funded in part or in whole by state money must provide verification of citizenship, permanent residency or other lawful immigration status. Since the tuition for all Dual Enrollment, ELA and PCS classes are funded in part or in whole by state money, all students enrolling in these classes must meet this requirement.

Employee to initial the appropriate statement:

_____ I have examined one document presented by the student from Option A or
_____ I have examined one document presented by the student from Option B and one from Option C.

I have selected the appropriate document title, and recorded the document number and expiration date, if any, of the document(s) presented.

I attest, under penalty of perjury, that to the best of my knowledge, the document(s) that I have listed above (1) appear to be genuine original documents or genuine copies certified by the issuing agency, and (2) relate to the student.

Printed Name of College Employee: ________________________________

Signature of College Employee: ____________________________ Date: ____________
Instructions:

1. Take page 2 of this form and an acceptable identification document which is listed on page 2 of form REG 0063-A to a Notary Public.

   a. Please be aware that some Notary Publics are unwilling to notarize this document.

   b. Notarizing should only be done if you live outside of the Mohave County area and you are not within a reasonable commutable distance; otherwise, you must come into one of the four Mohave Community College campuses to have an authorized staff member verify Form REG 0063-A.

2. Have the Notary copy the acceptable identification documents in the space provided on page 2, please note, only 1 form of identification per form is excepted.

3. Have the Notary complete the notary block below the copied identification document.

4. Mail completed forms REG 0063-A, REG 41-A (pg. 2), and REG 0056 to:

   Nursing Department
   Mohave Community College
   1801 Detroit Ave.
   Kingman, AZ 86401

Revised: 1/29/15
State of ___________________________ ) County of ___________________________ ) I, ________________________________________________, A Notary Public, do certify that on the ________________ Day of __________________ (month), 20 ____, I carefully compared the above copy of ______________________________ With the original, and that it is a true, exact, complete and Unaltered copy made by ______________________________________________. __________________________________________________________________________ Notary’s Signature Notary’s Seal
Certified Copy of Acceptable Identification

State of _________________

County of _________________

I,________________________, a Notary Public, do certify that on the 
_____day of ___________(month), 20____, I carefully compared the 
above and the reverse-side, if applicable, copy of____________________________________
________________________________________with the original, and that it is a true, exact, complete 
and unaltered copy made by__________________________________.

________________________________
Notary’s Signature

My Commission Expires on:

________________________________

Instructions:

1. Take the above form and acceptable identification documents to a Notary 
Public. Acceptable identification documents are listed on the 2nd page of MCC.
REG form 0063-A. Examples include either a US Passport or a Driver's License and a Social Security or Birth Certificate.

2. Have the Notary copy the acceptable identification documentation in the space provided. If necessary, the copies can be made on the back side of the form.

3. Have the Notary complete the notary block.
Registrar’s Office

Request for In-State or WUE Tuition Rate

The responsibility of registration under the proper residency classification is placed upon the student. Any student who is found to be classified improperly shall be required to pay the appropriate tuition, or be subject to dismissal from the college. In doubtful cases, a certified statement of the facts or documentation of the facts may be required.

Student’s legal name (please print):

Student’s MCC ID Number or Social Security Number:

Student’s date of birth:

1. Are you a citizen of the United States or do you have permanent residency status?
   _____ Yes (REG form 63-A or 63-B must be completed and proper documentation presented.)
   If yes, continue on to Question 2.
   _____ No
   If no, you do not meet residency requirements for in-state or WUE tuition rates. Stop here and go to the signature section on the back of this form.

2. Do you currently reside in the state of Arizona?
   _____ Yes
   If yes, continue on to Question 3.
   _____ No
   If no, and you are requesting the Western Undergraduate Exchange (WUE) tuition rate, stop here and go to the signature section on the back of this form.
   Current state where you reside:

3. By the first day of the semester in which you are enrolling, will you have lived in Arizona continuously for one year or longer?
   _____ Yes Month/year stay in Arizona began
   If yes, stop here and go to the signature section on the back of this form. Further documentation may be required.
   _____ No Month/year stay in Arizona began:
   If no, and requesting the In-State tuition rate, continue on and answer all questions 4 – 9.
   If no, and requesting the WUE tuition rate, stop here and go to the signature section on the back of this form.
   Most recent state of residency prior to moving to Arizona:

4. Do you live in Arizona with your parent(s) AND can they claim you as a dependent on their Federal tax return?
   _____ Yes _____ No
   If yes, further documentation may be required.

5. By the first day of the semester in which you are enrolling, will your spouse have lived in Arizona continuously for one year or longer (except for temporary out-of-state educational purposes) AND is your spouse financially independent and entitled to claim you as an exception for state and federal tax purposes?
   _____ Yes _____ No
   If yes, further documentation may be required.

6. Are you employed as a full-time teacher or full-time non-certified classroom aide by an Arizona school district?
   _____ Yes _____ No
   If yes, submit a letter of employment verification from your principal on official school letterhead.

MCC Form REG 0084
7. Are you or your spouse employed in Arizona and did the employer require a transfer to Arizona? (This must be a nationally or regionally franchised employer; self-employment is not accepted.)
   ______ Yes ______ No
   If yes, submit a letter of employment and transfer verification from your supervisor on official company letterhead.

8. Are you a member of an Indian Tribe whose reservation land lies in Arizona and extends into another state?
   ______ Yes ______ No
   If yes, provide a copy of your tribal membership card.

9. Are you currently a member of the Armed Forces OR have you been honorably discharged from the Armed Forces OR are you the spouse or dependent of such a person?
   ______ Yes ______ No
   If yes, fill out REG Form 16: Military Residency Form

If you have answered “No” to all of questions 4 through 9, you have not met Arizona residency requirements for tuition purposes. Depending on your last state of residency AND your MCC program of study, you will be charged either the WUE or the Out-of-State Tuition Rate.

Please note:

A) If you initially enroll as a full-time student, these rates are in effect as long as you continue to enroll in classes on a full-time basis.

B) If you initially enroll as a part-time student, and keep that status, your in-state residency will take effect the semester immediately following your in-state residency (one-year) date.

C) If you initially enroll as a full-time student, and change to part-time in a subsequent semester, your in-state residency rate will be in effect after you have completed two consecutive semesters of part-time enrollment (does not include enrollment during the summer term).

I understand that it is my responsibility to inform Enrollment Services that my residency status should be changed due to B or C listed above. Failure to do so will result in my being charged a higher tuition rate, without refund.

I certify that the information given is complete and accurate to the best of my knowledge. I understand the submission of false information is grounds for denial of admission or immediate suspension if enrolled, and is a class 6 felony.

__________________________  ________________________
Signature of Student:               Date:
MOHAVE COMMUNITY COLLEGE
COURSE ENROLLMENT - REG FORM 17

Incomplete forms will not be processed. Print clearly in blue or black ink.

MCC ID
Number

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>First</th>
<th>Middle</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suffix (Jr, Sr, I, II)</th>
<th>Maiden / Other Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Apt #</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Contact Phone Number</th>
<th>Vehicle License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester</th>
<th>Fall 20</th>
<th>Spring 20</th>
<th>Summer 20</th>
<th>Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Dept.</th>
<th>Course Number</th>
<th>Course Section</th>
<th>Course Name</th>
<th>Term Start Date</th>
<th>Days of the Week</th>
<th>Class Time</th>
<th>Location</th>
<th>Instructor</th>
<th>Credit Hours</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Signature
Date

Advisor Signature
Date

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>FA</th>
<th>ES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>ABE</td>
</tr>
<tr>
<td>Check #</td>
<td>EW</td>
</tr>
<tr>
<td>Credit Card</td>
<td>TPA</td>
</tr>
<tr>
<td>Fees Pd</td>
<td>Total Fees</td>
</tr>
<tr>
<td>Received by</td>
<td>Date</td>
</tr>
</tbody>
</table>

White - Registrar's Office
Canary - Campus Registration
Pink - Student
Goldenrod - Financial Aid

MCC Form REG 0017 (07/14/10)
APPENDIX-III

AZ State Board of Nursing

Obtaining a Temporary License for Refresher Course
To: Refresher Course Participants

From: Judy Bontrager RN, MN, Associate Director Operations/Licensing

Re: Obtaining a Temporary License for Refresher Course Only

Refresher candidates who do not hold an active Arizona license and are seeking a temporary license must obtain a temporary license “For Refresher Course Only” before attending clinicals.

1. Please submit one of the following applications:
   a) A renewal application if you have previously been licensed in Arizona.
   b) An endorsement application if you have been licensed in another state and are applying for licensure in Arizona
   c) An examination application if you have never been licensed as a nurse. Applicants must pass NCLEX before a temporary license can be issued. Please note that some refresher courses do not take refresher candidates for NCLEX review.

2. A Temporary License request form stating “Refresher Course Only”. The License will be issued for 6 months. It cannot be used for any other employment purpose.

3. Submit a copy of the invoice showing you paid for a refresher course, (full or partial payment).

4. You must have passed NCLEX/SBTPE.

5. If you are a graduate of a foreign nursing program:
   a) Has submitted a copy of a letter from CGFNS/IERF/ERES/Joseph Silney with ID number-endorsement applicant only
   b) Have met the English Language requirement. (Must be met prior to taking NCLEX exam)

For more information regarding Requirements for Applicants Educated in a Foreign Country visit www.azbn.gov/ForeignEducatedRequirements.aspx. Submit documentation that shows evidence of legal status in the United States. See List A & B showing acceptable documentation at www.azbn.gov/Citizenship.aspx. The Cover Sheet must be attached to documentation showing evidence of lawful presence if submitted separately from the application.

6. Submit documentation that shows evidence of legal status in the United States. See List A & B showing acceptable documentation at www.azbn.gov/Citizenship.aspx. The Cover Sheet must be attached to documentation showing evidence of lawful presence if submitted separately from the application.

7. Pay the appropriate fees:

<table>
<thead>
<tr>
<th>Renewal Applicant</th>
<th>Endorsement Applicant</th>
<th>Exam Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renewal $160</td>
<td>Endorsement $150</td>
<td>Exam $300</td>
</tr>
<tr>
<td>Temporary $0</td>
<td>Fingerprint $50</td>
<td>Fingerprint $50</td>
</tr>
<tr>
<td>Total Fee $160</td>
<td>Temporary $0</td>
<td>Temporary $0</td>
</tr>
<tr>
<td></td>
<td>Total Fee $200</td>
<td>Total Fee $350</td>
</tr>
</tbody>
</table>

There is no fee for a temporary license for “Refresher Course Only” if you meet one of the following criteria:
- On probation with the Board
- Have not been licensed as an RN or LPN within 2 years of graduating from a nursing program
- Has not met the practice requirement of 960 hours within 5 years prior to submitting application
- License reinstated after revocation and a refresher course is required.

All applications can be printed from the Arizona State Board of Nursing website at www.azbn.gov/Applications.aspx

Submit application and forms to: Arizona State Board of Nursing
4747 N 7th Street, Suite 200
Phoenix, AZ 85014-3655

E-mail refresher class/obtaining temporary license for refresher course.docx
REQUEST FOR TEMPORARY LICENSE FOR
Refresher Course Only
This Request must either accompany an exam/endorsement
/renewal application or an application must already be on file.

ARIZONA STATE BOARD OF NURSING
4747 N. 7th STREET, SUITE 200
PHOENIX, AZ 85014-2655

Applicants Legal First Name
Applicants Legal Last Name
Street Address
City
State/Province Zip Code
Social Security Number
Phone Number
Credential applying for  □ RN  □ LPN
Applying by  □ Endorsement  □ Examination  □ Renewal
Start date of Refresher Course

You are eligible for a temporary license if you meet the following requirements below for your application type.

REFRESHER COURSE APPLICANTS $50 fee for temporary license.

1. Citizenship documentation is required for applicants (documents must be included with your application).

2. Have submitted application and fees for full licensure.

3. Have submitted copy of enrollment in an Arizona Board approved refresher course/copy of invoice showing full or partial payment to refresher program.

4. Have passed NCLEX/SBTPE

5. If a graduate of a foreign nursing program:
   a) has submitted a copy of a letter from CGFNS/IERF/ERES/Joseph Silly with ID number;
   b) has met English language requirement

Applicant Signature
Date

TEMP RCO A
Requirements for Applicants Educated in a Foreign Country (Including **Canada & *Puerto Rico)

Foreign Educated Professional or Practical Nurses Must Meet The Following Requirements (1 through 4):

1. Validation of Educational Requirements
2. Validation of English Language Skills
3. Validation of Practice
4. Passed NCLEX-RN® or NCLEX-PN®

**Important:** All information from any of the selected agencies listed in #1, Educational Requirements and #2, Language Validation must be sent directly to AZBN from the agency.

1. Validation of Educational Requirements
   - Request an application from Commission on Graduates of Foreign Nursing Schools International (CGFNS) to obtain one of the following:
     a) CES Professional Report
     b) Verification of VisaScreen® Certificate
     c) Verification of CGFNS Certification (Option not available for practical nurses)
   **OR**
   - Request an application from International Education Research Foundation (IERF) to complete an educational equivalency report.
   **OR**
   - Request or download an application from Educational Records Evaluation Services (ERES) to complete an Education Equivalency Report.
   **OR**
   - Request or download an application from Josef Slony & Associates, Inc. to complete an education equivalency report, specifically a 'licensing for nursing, basic report'.
   **OR**
   - Have the Canadian licensure board submit a passing score on the English language version of the CNATS or CRNE (Canadian Licensure Exam) and verification of Canadian licensure status directly to AZBN.

*EXCEPTION – RN endorsement applicants who have completed their basic nursing education in a foreign country are exempt from the educational requirement if they have obtained a BSN or graduate degree in nursing from an approved program in the United States AND worked at least 960 hours in the five years prior to applying for AZ licensure, but they will not be eligible for a multi-state compact license without a credential evaluation service report addressing their basic nursing education.

Contact Information for agencies listed above

Commission on Graduates of Foreign Nursing Schools International
3600 Market Street, Suite 609
Philadelphia, PA 19104-2621
Phone: 215-349-2767
Website: www.cgfns.org

International Education Research Foundation
PO Box 3665
Culver City, CA 90231
Phone: 310-238-9451
Email: info@ierf.org
Website: www.ierf.org

Educational Records Evaluation Services
601 University Avenue, Suite 127
Sacramento, CA 95825-6738
Phone: 916-921-0791
Toll-free: 866-411-ERES (3737)
Email: edp@eres.com
Website: www.eres.com

Josef Slony & Associates, Inc.
International Education Consultants
7101 SW 10th Avenue
Miami, FL 33125
Phone: 305-273-1616
Website: www.slony.com

2. Validation of English Language Skills

*If you are an Exam applicant you MUST meet the English Language requirement BEFORE taking the NCLEX Exam*

**Exemptions from Validation of English Language Skills requirement:**

If you have graduated from a nursing program in a country or territory where the principle language is English (i.e. Australia, United Kingdom, New Zealand, Canada (excluding Quebec), Ireland, Trinidad, Tobago, South Africa, Ghana, Jamaica, Barbados, or United States territory) you do not need to validate your English language skills.

If you have been employed as a nurse for 960 hours or more within the past 5 years in a country or territory where the principle language is English (see countries/territories above) you do not need to validate your English language skills.

If the principal language of the country where your nursing program was given is a language other than English, you are required to obtain one of the following options.

**OR**

- Internet based (IBT) Test of English as a Foreign Language (TOEFL) with a minimum score of 84 and a minimum speaking score of 26. To have results sent to AZBN use the code 9680 when completing the application

**OR**

- International English Language Test Service Academic Examination (IELTS) with a minimum score of 6.5 on the Overall Band with a minimum of 6.0 on each module

**OR**

- Pearson Test of English Academic Exam with a minimum score of 55 overall and a minimum score of 50 on each section
3. Validation of Practice
Have met one of the following practice requirements:
  a. Practiced as a nurse for 960 hours or more in the past 5 years or
  b. Graduated from a nursing program and obtained a degree within past 5 years or
  c. Completed an Arizona Board approved refresher course in the past 5 years or
  d. Obtained an advanced nursing degree in the past 5 years (i.e. LPN to RN, RN to BSN, masters, or doctorate)

Contact Information for agencies listed above

TOEFL
Education Testing Services
PO Box 6151
Princeton, NJ 08541-6151
Phone: 877-663-3346
Email: toe@ets.org
Website: www.toefl.org

IELTS
IELTS International
325 Colorado Boulevard, Suite 112
Los Angeles, CA 90014
Website: www.ielts.org
(Please instructions on website for more detailed contact information)

Pearson Language Test
Phone: 1-800-901-0229
Email: www.pearsonvue.com

Commission on Graduates of Foreign Nursing Schools International
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
Phone: 215-340-8767
Website: www.cgfns.org

4. Passed NCLEX-RN or NCLEX-PN or State Board Test Pool Examination (SBTPE)

**If you have passed the SBTPE in Canada between certain dates, you will have met the testing requirement.

<table>
<thead>
<tr>
<th>Province</th>
<th>First Administered</th>
<th>Last Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td>1949 (September)</td>
<td>1970 (April)</td>
</tr>
<tr>
<td>Manitoba</td>
<td>1955 (October)</td>
<td>1970 (April)</td>
</tr>
<tr>
<td>New Foundland</td>
<td>1961</td>
<td>1970</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>1958 (May)</td>
<td>1970 (August)</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>1957</td>
<td>1970 (August)</td>
</tr>
<tr>
<td>Quebec</td>
<td>1959 (April)</td>
<td>1970 (August)</td>
</tr>
<tr>
<td>Saskatchewan</td>
<td>1956 (April)</td>
<td>1970 (April)</td>
</tr>
</tbody>
</table>

*APPLICANTS EDUCATED IN PUERTO RICO
  • Applicants who have graduated before 9/15/06 AND their nursing program has a program code assigned by the National Council State Board of Nurses, are eligible to apply for licensure by exam and endorsement. They are NOT required to complete validation of education or language requirement.
  • Applicants who have graduated after 9/15/06 are required to request a report from CGFNS/IERF for ERER (validating their educational requirements) be sent directly to AZBN as well as Validation of English Language requirement.

ADDITIONAL INFORMATION
  • Nurses educated in a foreign country and have not passed NCLEX or SBTPE must apply for licensure by examination.
  • Applicants who have passed NCLEX but were NOT issued a license need to apply for licensure by exam. You do not need to re-test
  • Applicants who meet all the requirements except the social security number can be issued a license in AZ, if they sign and complete the affidavit at www.azbn.gov/Applications.aspx under Other Form Downloads.
  • Applicants living abroad who have met all the license requirement except proof of lawful presence can be issued a license in AZ if they sign and submit the affidavit www.azbn.gov/Applications.aspx under Other Form Downloads.
ARIZONA STATEMENT OF CITIZENSHIP & ALIEN STATUS

All applicants must answer questions on the application regarding citizenship. A Xeroxed copy of a document that shows evidence of your citizenship or alien status MUST BE submitted with your application for licensure or renewal. See List A or List B.

LIST A

Evidence showing U.S. citizen or U.S. national status includes the following:
*If any of the following documents do not contain a photograph of the individual, the individual shall also present a government issued document that contains a photograph of the individual.

a. Primary Evidence:
   (1) An AZ Driver’s license issued after 1996 or an AZ non-operating identification license
   (2) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction); *
   (3) A birth certificate or delayed birth certificate issued in any state, territory or possession of the U.S.; *
   (4) A signed United States passport; current or expired;
   (5) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens); a U.S. certificate of birth abroad *
   (6) Certificate of Birth (FS-543) (issued by a foreign service post) or Certification of Report of Birth (DS-1150), copies of which are available from the Department of State; *
   (7) Form N-550 or N-550A, Certificate of Naturalization (issued by the Service through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N-550 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual’s name has changed);
   (8) Form N-551, Certificate of Citizenship;
   (9) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
   (10) Form I-873 (or prior versions), Northern Mariana Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
   (11) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have a FS-240, FS-543, or DS-1150); or *
   (12) Form I-872 (or prior versions), American Indian Card with a classification code “KIC” and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoo living near the U.S./Mexican border);
   (13) A tribal certificate of Indian blood; *
   (14) A tribal or bureau of Indian affairs affidavit of birth *

NOTE: SOCIAL SECURITY CARDS ARE NOT ACCEPTABLE DOCUMENTATION.

b. Secondary Evidence
   If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:
   (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual’s age at the time the record was made;
   (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
   (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant’s date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant’s parent(s);
   (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant’s date of birth or age;
   (5) Adoption finalization papers showing the applicant’s name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a state or jurisdiction approved adoption agency showing the applicant’s name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
   (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
c. Collective Naturalization
If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

Puerto Rico:
- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant’s statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant’s statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

U.S. Virgin Islands:
- Evidence of birth in the U.S. Virgin Islands, and the applicant’s statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant’s statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant’s statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):
- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 4, 1986 (NMI local time) and the applicant’s statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant’s statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant’s statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.

d. Derivative Citizenship
If the applicant cannot present one of the documents listed in a or b above, the following may be used to make determination of derivative U.S. citizenship:

Applicant born abroad to two U.S. citizen parents: Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant’s birth.

Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent: Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain’s Island for a period of at least one year prior to the applicant’s birth.

Applicant born out of wedlock abroad to a U.S. citizen mother: Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant’s birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child’s birth, in the U.S. or a U.S. possession for a period of one year.

Applicant born in the Canal Zone or the Republic of Panama:
- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant’s birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:
- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

e. Adoption of Foreign-Born Child by U.S. Citizen
- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.
f. U.S. Citizenship By Marriage
   A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.
   Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

g. A U.S. certificate of birth abroad*

h. A foreign passport with a U.S. Visa*

i. An I-94 form with a photograph

ej. A U.S. citizenship and immigration services employment authorization document or refugee travel document*

LIST B

Qualified Aliens, Nonimmigrant, and aliens paroled into U.S. for less than one year.

a. "Qualified Aliens"
   Evidence of "Qualified Alien" status includes the following:
   Alien Lawfully admitted for Permanent Residence
   - *Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
   - Unexpired Temporary I-551 stamp in foreign passport or on *Form I-94.
   Asylee
   - *Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
   - *Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (5)"
   - *Form I-766 (Employment Authorization Document) annotated "A5";
   - Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
   - Order from an immigration judge granting asylum.
   Refugee
   - *Form I-94 annotated with stamp showing admission under § 207 of the INA;
   - *Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"; or
   - *Form I-766 (Employment Authorization Document) annotated "A5";

   Alien Paroled Into the U.S. for at Least One Year
   - *Form I-94 with stamp showing admission for at least one year under section 212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.
   Alien Whose Deportation or Removal was withheld
   - *Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)";
   - *Form I-766 (Employment Authorization Document) annotated "A10"; or
   - Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.
   Alien Granted Conditional Entry
   - *Form I-94 with stamp showing admission under §203 (a) (7) of the INA;
   - *Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"; or
   - *Form I-766 (Employment Authorization Document) annotated "A3".

   Cuban/Haitian Entrant
   - *Form I-551 (Alien Registration Receipt Card, commonly known as a "green Card") with the code CUB, CUB, or CHI.
   - Unexpired temporary I-551 stamp in foreign passport or on *Form I-94 with the Code CUB or CHI; or
   - *Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under Section 212 (d) (5) of the INA.

   Alien who has been Declared a battered Alien or Alien Subjected to Extreme Cruelty
   - U.S. Citizenship and Immigration Service petition and supporting documentation

b. Nonimmigrant
   Evidence of "Nonimmigrant" status includes the following:
   - *Form I-94 with stamp showing authorized admission as nonimmigrant

c. Alien Paroled into U.S. for less than One Year
   - *Form I-94 with stamp showing admission for less than one year under section 212 (d) (5) of the INA

d. A foreign passport with a U.S. visa

e. An I-94 form with a photograph

f. A U.S. citizenship and immigration services employment authorization document or refugee travel document.
ARIZONA STATE BOARD OF NURSING

CITIZENSHIP/LAWFUL PRESENCE
COVER SHEET

This is NOT an Application for Licensure or Renewal

For applications for licensure or renewal go to www.azbn.gov

If you have not submitted your documentation of lawful presence with your application, attach a copy of your lawful presence documentation to this cover sheet. The cover sheet and your proof must be submitted together and sent by postal mail or email to AZBN. If you are not a US citizen or national, you must also submit a signed Alien Status Declaration. Faxes are not accepted

**Important Notice:** Licenses/certificates will not be issued until this sheet and a copy of the documentation is received on 8.5 x 11 sheet of paper.

**Sender Information**

Applicant's Legal First Name

Applicant's Middle Name

Applicant's Legal Last Name

All Former Last Names

SSN

Date of Birth

Type of Application (check one)

- Renewal
- Initial Exam
- Initial Endorsement
- Initial Advanced Practice

Type of License/Certification

- RN
- LPN
- CNA
- AP
- School Nurse
- CRNA

License/Certificate Number

Are you a citizen of the United States?

- No
- Yes

If you answered "no" then you are required to complete & submit the Alien Status Declaration

Type of Citizenship/Lawful Presence document provided:

(Example: Birth Certificate, Passport, TN Visa)

*If any of the following documents do not contain a photograph of the individual, the individual shall also present a government issued document that contains a photograph of the individual.

Document Expiration Date

(If submitting an alien status document on List B)

Applicant Signature

Date

C L P C S A