A close-up of a logo

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**Application for Approval of Refresher Course**

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| --- | --- | --- | --- | --- | --- |
| **Agency/School/Healthcare Institution proposing to offer a refresher course** | | | | | |
| Name | | Address | | Phone | Email |
|  | |  | |  |  |
| **Requested Approval Type** | | | | **Classification of Students** | |
| Initial Approval | | Reapproval | | RN | LPN |
|  | |  | |  |  |
| **Number of Students Anticipated in the Course** | | | | **Anticipated Date(s) for Course Offering** | |
|  | | | |  | |
| **The following documentation must be submitted with this application:** | | | | | |
| 1. | Course objectives, content outline, and time allocation | | | | |
| 2. | Didactic and clinical learning experiences, including teaching methodologies for measuring the registrant’s abilities to practice nursing | | | | |
| 3. | A plan for evaluation of student competencies and ability to competently practice nursing | | | | |
| 4. | A faculty list (profile table or faculty vitae forms) that includes the director, instructors, functions in  teaching roles, and qualifications consistent with 21 NCAC 36. 0220(g). | | | | |
| 5. | The projected clinical schedule | | | | |
| 6. | A description detailing how the director or designated instructor will ensure the competencies of the prospective preceptor align with the assigned clinical precepting responsibilities. | | | | |
| **Attestation Statement** | | | | | |
| We attest the information within this application, including attachments, represents the true plan of our agency/school/healthcare institution to offer a refresher course that will qualify individuals for reactivation, reinstatement of license lapsed for five years or more, or those persons directed by the NC Board of Nursing to take a refresher course. | | | | | |
| **Signature - Refresher Course Director** | | | **Date** | | |
|  | | |  | | |
| **Signature - Administrator** | | | **Date** | | |
|  | | |  | | |

Latarsha Flowers, Licensure Specialist – Renewal/ Reinstatement

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