

**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 |
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| **Number of Students Anticipated in the Course** | **Anticipated Date(s) for Course Offering** |
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| **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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Revised 5/2025