NORTH CAROLINA BOARD OF NURSING
APPLICATION FOR APPROVAL FOR REFRESHER COURSE

1. Agency/school information proposing to offer the course

   Name_________________________________________________________

   Address_____________________________________ Phone_____________

2. Name and Qualifications of Director (Faculty Vitae Form)

3. Name(s) and Qualifications of all Clinical and Classroom Instructor(s)
   (Faculty Vitae Form)

4. Classification of Students

   RN_____ LPN_____

5. Number of Students Anticipated in the Course______________

6. Anticipated Date(s) for Course Offering_______________________________

7. Please attach the following items:
   a. Description of course plan including objective, content, sequence, sites for
      teaching-learning, contact hours of didactic and clinical experience and
      plan for evaluation of enrollee’s progress.

   b. Name and location of clinical resource(s) for clinical learning experiences
      and type patient care units anticipated for use.

   c. Copy of contractual agreement with clinical resource(s).

8. We certify that the information within this application, including attachments,
   represents the true plan of our agency/school to offer refresher course(s) to qualify
   individuals for reactivation, reinstatement of licenses lapsed of inactive for five years
   or more, or those persons directed by the Board to take a refresher course.

   ___________________________________________            ________________
   Program Director Signature         Date

   ______________________________________________    __________________
   Administrator Signature         Date