

**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 or 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