



RN-LPN REFRESHER APPLICATION

PLEASE PRINT CLEARLY

Date of Application _____ LPN _____ RN _____

NAME _____
Last First Middle

Mailing Address _____
Street City State Zip

Email _____

Date of Birth _____ Phone Number _____

Have you attended a MN College or University? Yes/No If so, what is your StarID _____

States you have held a nursing license in _____

Last state and year you were licensed in as a nurse _____ License # _____

How did you find out about this Nurse Refresher Course? _____

Have you ever had a disciplinary sanction from a Board of Nursing? YES / NO (circle one)

RETURN APPLICATION AND PAYMENT (PAYABLE TO M STATE) TO: Karen Stenstrom, RN, Minnesota State Community and Technical College, 1900 So. 28th Ave., Moorhead, MN 56560 or Fax to: 218-299-6933

Visa, Master Card and Discover accepted

Credit Card Number

Exp. Date

***A med/surg book will be required to be purchased – information will be provided in your orientation packet.**