



RN-LPN REFRESHER APPLICATION

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? _____

State relicensing in: _____ 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)**

Visa, Master Card and Discover accepted. Please call 218-846-3674 to pay with card. Checks can be made out to M State.

RETURN APPLICATION AND PAYMENT TO:

Minnesota State Community and Technical College, Attn: Abby Schlauderaff, 900 Highway 34 East, Detroit Lakes, MN 56501 or email to: abby.schlauderaff@minnesota.edu

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