

Bellevue College  
Spring 2020  
RN Refresher Program  
(This form must be typed)

First Name

Middle Initial

Last Name

Male

Female

Date of Birth

Phone Number

Street Address

2nd Street Address

City

State

Zip Code

E-mail

SS # or BC Student ID #

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Please include me on the class roster to share.

Yes

No

**Education**

Associate Degree (college):

Baccalaureate (college):

Other:

**Work Experience/History**

Amount of time spent working as an RN in any setting:

Time elapsed since your last RN position:

Background/nursing experience:

You must have a current Washington State Registered Nursing or reactivated RN license to participate in this program.

I have an active Registered Nurse License in WA State  
RN #:

**OR**

I have applied to the Nursing Commission for a WA State RN license:

**OR**

I have a WA state probationary license:

If yes, have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of nursing?

If yes, please submit a copy of your Orders from the Nursing Commission along with your application. Failure to follow this instruction will cancel your participation in the program. After review of your Orders, the Program Manager will inform you if you will be considered for admission.

You may be asked to attend a confidential interview where you must discuss the reasons for disciplinary actions as well as any guidelines or restrictions on your practice. Clinical placement sites must be notified of these Orders and are not required to agree to your participation. The RN Refresher program reserves the right to deny admission to an applicant.

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### ***Clinical Experiences***

1. If you do not pass the theory or medication administration portions of the program, you cannot go to clinical.
  2. Once you successfully pass the clinical portion of the program, you will be provided a preceptorship.
  3. If you do not pass the clinical portion, you will not be awarded a preceptorship.
  4. You must complete 110 hours of your clinical and preceptorship to complete the clinical requirements of the program.
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By submitting this application I am requesting admission and indicating my firm intent to participate in the RN Refresher program.

I agree to immediately inform the program if my personal situation changes and I am unable to attend after I have been notified of admission.

To the best of my knowledge all statements on this application are true and verifiable.

Signature:

Date:

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Please mail completed application to:

Bellevue College Continuing Education  
RN Refresher Program  
14673 NE 29th Place  
Bellevue, WA 98007

Include:

- Copy of receipt for \$60.00 **non-refundable** application fee [paid online](#)
- Current Professional Resume
- [Conviction/Criminal History Disclosure Form](#)
- Copy of CPR for BLS Provider - American Heart Association (signed, front and back)