

Bellevue College
Registered Nurse Refresher (RNR) Program
Application for Admission

This form must be typed. Applications with missing information will be returned to the applicant and admission may be delayed.

Legal Name (on RN license)

Name you want to use in class

Address: Number and Street

City

State

Zip

Phone Number

Email (must have working email account for

program communications)

Birth Date: Month/Day/Year

ctcLink ID number (or Social Security Number if new student to Bellevue College):

The RN Refresher program develops a class roster with student names, addresses, phone numbers, and email addresses. It is used only by students and faculty in the program to facilitate communication. Choose one option:

Yes, include me on the roster.

No, I prefer to keep this information private and not receive a roster.

Education

Degree	School attended	Year graduated
Diploma in nursing		
Associate degree		

Baccalaureate		
Other		

Work Experience/History

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

Time elapsed since your last RN work experience:

***NOTE: Those with the least time lapsed in the profession will get priority placement if there is over enrollment in the course.**

Once you have passed the theory portion of the RN Refresher program you must have a current Washington State Registered Nurse or Limited Education Authorization Letter to participate in the clinical portion of the program.

Please select the option that best applies to you:

I wish to take the Theory-only portion to sit for the NCLEX in WA State.

I have an active Registered Nurse License in Washington State.

WA RN #: _____

I have applied to the Nursing Commission for a Washington State Registered Nurse License and expect to get a license by _____ (date).

I have an expired nursing license in WA State*

I have an expired nursing license in another state and wish to gain licensure in WA State*

I have a Washington State probationary license. *

- 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 Chair 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

program. After review of your Orders, the program coordinator will let you know if you will be considered for admission.

- b. 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.

4. Please select your ethnicity from the options below:

Asian	Hispanic or Latino or Spanish Origin	Other
Black or African American	White	
Native Hawaiian or Other Pacific Islander	Multi-Racial	

Additional Requirements

Include the following documentation with this application form:

1. Current Professional Resume
2. [Criminal History Disclosure Form](#)
3. Copy of CPR for BLS Provider - American Heart Association (signed, front and back)

Acknowledgements

- 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.

Applicant's Signature

Today's Date

Please email your completed application and supporting documentation to cne@bellevuecollege.edu.