

## RN Refresher Enrollment Directions

The following directions will guide you through the Arapahoe Community College's Corporate Learning Division's (ACC CLD) RN Refresher Program enrollment process.

1. An interview will be scheduled with an Instructor from the RN Refresher Program to determine whether you will be accepted into this Program. The Enrollment Coordinator will set up this date for you with the Instructor. *ACC CLD will decide on acceptance into the Program and all decisions are final.* **Please bring two copies of your resume to the interview.**
2. If you are accepted into ACC's RN Refresher Program, the following documents **MUST** be submitted to the Enrollment Coordinator before you can attend the scheduled Orientation Day (*see next page for specific information on how to obtain these items*):
  - Completed Nurse Contract (Payment agreement) (signed and initialed)**
  - Payment for \$2,800.00 (\$2,500 – class; \$300 – books); All major credit cards accepted**
  - Copy of Current RN License**
  - Copy of Liability Insurance Certificate**
  - Copy of Current Basic Life Support Card**
  - Copy of current Immunizations**
  - Background Check Completed**

**If ALL items are not submitted to the Enrollment Coordinator by Friday, August 21, 2009, you will not be allowed to participate in ACC's RN Refresher Program.**

3. Attend Orientation Day on Tuesday, **August 25, 2009 at 9:00 a.m.** at the ACC UCC Campus in Parker, CO: **15653 Brookstone Drive, Parker, CO, 80134**. The Orientation will last a minimum of 3 hours, so plan accordingly. At Orientation, students will meet the instructors, receive their online log-in information, review the online course using computers, receive books, preview the Skills Lab, and receive answers to questions.
4. Begin Skills Lab: Students will meet at the ACC UCC Campus in Parker, CO (15653 Brookstone Drive, Parker, CO, 80134) beginning Tuesday, **September 29, 2009**. RNs will meet every Tuesday, for six consecutive weeks until Tuesday, **November 3, 2009**. The final exam will be given on Tuesday, **November 10, 2009**.
5. Students will need to have successfully completed Orientation, the Online Course, the Skills Lab, the Final Exam, and received written approval **PRIOR** to beginning Clinical Practicum.
6. If you have questions about the above requirements, please contact:  
Meredith Tofield  
Enrollment Coordinator  
ACC Corporate Learning Division  
15653 Brookstone Drive, Parker, CO 80134  
Phone: 303-734-3701 FAX: 303-734-3885 or [meredith.tofield@arapahoe.edu](mailto:meredith.tofield@arapahoe.edu)

I have read and understand the above directions/statements: \_\_\_\_\_  
Signature of RN Refresher Student

**For Professional Liability Insurance:**

We use HealthCare Providers Service Organization Purchasing Group (A division of CNA). You will need a one-year policy with a \$1,000,000 each claim and a \$6,000,000 aggregate claim policy amounts. You are free to choose other coverage if you wish, such as license protection, deposition representative, medical payments, etc., however it must provide the above policy amount or greater coverage. Call 1-800-247-1500 and a representative will walk you through the process. The cost is \$29.00 – \$98.00, depending on how much extra coverage you chose. You may submit a copy of a purchase confirmation if your original certificate does not come in before August 25, 2009. We **MUST** have a copy of the actual certificate when you receive it.

**For Background Check:**

1. During your initial interview please be prepared to let the Instructor know of any prior charges/convictions or situations that might inhibit you from passing your background check or being accepted into this program.
2. Go to this link: <http://www.arapahoe.edu/deptprgrms/health/backgroundchecks.html> and click on “Release Forms.” Fill out the forms and get the last page notarized. ACC Campus Police can notarize this page for you, so if you decide, you can take the forms to Campus Police and have everything done at once and submit. Or you can mail all 4 pages to the ACC Campus Police department:

**ACC Campus Police**  
**5900 S. Santa Fe Drive – Room M2600**  
**Littleton, CO 80120**

3. From the same link above, also click on “Criminal Background Check Information and Process.” Follow the directions on the first page of this link to submit your information to the American Databank. Go to the website noted and fill out the form for **Package 1**. They will accept the payment online of \$59.00. Once your payment and form are submitted, you have completed this step. You will not receive any confirmation or evidence of clearance. ACC’s Campus Police Department will inform ACC’s Corporate Learning Division of cleared background checks and a letter will be put in your file. You will be notified of the results. You must pass your background check in order to proceed in the RN Refresher Program.

**For Current Immunizations:**

Please fill out the following attached form (Immunization History – RN Refresher Program) and have your doctor sign it. Titers need to be drawn if you do not have written evidence that the immunization was completed. Your first set of shots (if a series of shots is required) must be completed **before** Orientation Day. The rest of shots will be due when required, per series, and non-compliance of this requirement will be subject for dismissal from the RN Refresher Program.

**For Basic Life Support Card**

If you do not have a current Basic Life Support card, you will need to take a class to get a current card. The class needs to be for Healthcare Providers and NOT just a general BLS class. For your convenience, a class will be held the afternoon of Orientation, Tuesday, August 25, 2009 from 1:00 – 5:00 PM. The class will be in the same location as Orientation (15653 Brookstone Drive, Parker, CO, 80134). Please contact Meredith Tofield at 303.734.3701 to register for this class. This class will be an additional fee of \$85.00.

## Immunization History – RN Refresher Program

**Student name (print):** \_\_\_\_\_ **Student name (sign):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ (mm/dd/yyyy)

All Student Nurses in Colorado are expected to comply with the standards for professional practice outlined in the Colorado Nurse Practice Act during their clinical rotations. Prior to entry into any clinical situations, the clinical agencies require student nurses meet specific requirements to meet patient safety and accreditation standards. As part of the admission requirements for the Nurse Refresher course, compliance with these requirements is mandatory and must be done prior to entry into the clinical setting. Non-compliance with these requirements may hinder a student's ability to complete the required clinical hours for graduation. \*Please note that the clinical site may require a drug screen at any time. The required items include but are not limited to:

**COMPLETE THIS FORM IN ITS ENTIRETY AND ATTACH MEDICAL DOCUMENTATION TO SUPPORT IT**

**Measles, Mumps, & Rubella** – completed MMR series (2 doses) **or** positive antibody titers

MMR Immunization Series

Date (mm/yyyy) of #1: \_\_\_\_\_ Date (mm/yyyy) of #2: \_\_\_\_\_

Or if born after 1956, must show lab evidence of positive: \_\_\_\_\_

**OR**

Rubella Titer Date (mm/yyyy): \_\_\_\_\_ Result: \_\_\_\_\_

Rubeola Titer Date (mm/yyyy): \_\_\_\_\_ Result: \_\_\_\_\_

**Hepatitis B**

Hepatitis B Completed Series (Series of 3)

Date (mm/yyyy) of #1: \_\_\_\_\_ (First)

Date (mm/yyyy) of #2: \_\_\_\_\_ (One month)

Date (mm/yyyy) of #3: \_\_\_\_\_ (Six month)

**OR**

Titer (HbsAB ) \*required for immunity Date: \_\_\_\_\_ Result: \_\_\_\_\_

**OR**

History of Hepatitis B disease (Anti-HBc positive): \_\_\_\_\_ OR

Declination Hepatitis B waiver signed: \_\_\_\_\_

**Diphtheria/Tetanus (TD) \*required every ten years:**

Date (mm/yyyy): \_\_\_\_\_

**PPD Tuberculin Skin Test:**

- Tuberculin Skin Test –negative PPD /or/ negative Chest X-Ray
- Required every twelve months
- If PPD test result is positive, then a required Current chest X-ray must be taken (within the last 365 days) and submitted prior to beginning the program, that demonstrates no active disease. Students whose results indicate active disease will be counseled on an individual basis.
- Results must be read in mm's

Date administered: \_\_\_\_\_ Date read: \_\_\_\_\_ Results: \_\_\_\_\_

**Varicella (Chickenpox):**

Must have proof of varicella immunization via titer or vaccination  
*\*Attestation of History of Disease is NOT accepted.*

Varicella Vaccination Date (mm/yyyy): \_\_\_\_\_ Date (mm/yyyy): \_\_\_\_\_

**OR**

Varicella Immune Titer Date (mm/yyyy): \_\_\_\_\_ Result: \_\_\_\_\_

**Polio** (Dates if available): \_\_\_\_\_

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**The information I have given on this form is correct. I have attached proof of above with medical documentation** (please keep a copy for your records).

RN Refresher Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Physician or Nurse Practitioner (printed): \_\_\_\_\_

Name of Physician or Nurse Practitioner (signed): \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this form and (original) medical documentation to:

**Corporate Learning Division  
c/o Meredith Tofield  
15653 Brookstone Drive  
Parker, CO 80134**

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For Office use only: Form Completed: \_\_\_\_\_ Data Recorded: \_\_\_\_\_

I, \_\_\_\_\_ (print name), certify by my signature below that I understand that due to my occupational exposure during clinical rotation to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine.

However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

If in the future, during the course of the RN Nurse Refresher course, I continue to have during my clinical rotation, exposure to blood, or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this form to:

**Corporate Learning Division  
c/o Meredith Tofield  
15653 Brookstone Drive  
Parker, CO. 80111**

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For Office use only: Form Completed: \_\_\_\_\_ Data Recorded: \_\_\_\_\_