

Nurse Review for RNs & LPNs

Program Requirements Checklist & Forms

In order to participate in the Nurse Reactivation course, participants must complete the following requirements prior to the first day of class.

Requirements Checklist - Participants must complete the items below before for the first day of class.

All forms are included in this electronic packet.

- ☐ If licensed, please bring a copy of your state nursing license.
- ☐ Current BLS certification. If you require certification, please visit www.northampton.edu/cpr.
- ☐ Completed Student Information Form and Student Emergency Contact Form.
- ☐ Purchase textbook. Please note: the following textbook needs to be purchased prior to the start of class and will not be available in the College bookstore.
 - RN: Saunders Comprehensive Review for the NCLEX-RN® Examination, 9th Edition, 2019, Silvestri, Linda Anne, ISBN: 978-0323795302
 - LPN: Saunders Comprehensive Review for the NCLEX-PN® Examination, 9th Edition, 2024, Silvestri, Linda Anne, ISBN: 978-0443113888
- ☐ Enroll in the course. Register online at northampton.edu/Lifelearn or by calling 877-543-0998. When registering for the RN course, please reference course code NURSE201. When registering for the LPN course, please reference course code NURSE203. Course fee is due at the time of registration via a credit card.

ALL REQUIREMENTS MUST BE COMPLETED PRIOR TO THE FIRST CLASS.

You must bring all completed documents to the first class. For questions, please email healthcare@northampton.edu or call 610-332-6585. For refund information, please visit northampton.edu/NoncreditRefund.

NORTHAMPTON

COMMUNITY COLLEGE

HEALTHCARE EDUCATION

Student Information Sheet

PLEASE PRINT

Name: _____

Preferred or Chosen Name: _____

Address: _____

City/State/Zip: _____

County: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Social Security No: _____

☐ *Please check here if we may send you periodic email updates about our classes and programs.*Date of Birth: _____ Marital Status: ☐ S ☐ M ☐ W ☐ D ☐ SEPGender: ☐ Male ☐ Female ☐ Other: _____Preferred Pronoun: ☐ He/Him ☐ She/Her ☐ They/Them**NURSING BACKGROUND**1. ☐ RN ☐ LPN Original State/Country of Licensure: _____2. What is the status of your **Pennsylvania Nursing License**? ☐ Active ☐ Inactive ☐ No License

3. PA License #: _____ Other State License #: _____

WORK EXPERIENCE1. Are you currently employed in healthcare? ☐ Yes ☐ No

2. If yes, name and location of employer: _____

3. What is your job title? _____

4. If no, length of time out of practice _____

5. Last nursing position _____

MINORITY INFORMATION

The following information is requested to monitor the compliance posture of the institution and will be used only to collect and maintain data on the race, sex, and ethnic identity of all students. This information may be requested on national and state statistical reports. *Please check all that apply to you. (OPTIONAL)*

☐ American Indian ☐ Asian ☐ Black/African American ☐ Native Hawaiian or Other Pacific Islander☐ Pacific Islander ☐ Caucasian ☐ Hispanic/Latino ☐ Other _____

Language: _____

Primary

Secondary

Have you taken ESL courses? ☐ Yes ☐ No

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NORTHAMPTON

COMMUNITY COLLEGE

Healthcare Education

STUDENT EMERGENCY CONTACT INFORMATION

Please print clearly:

Student Name: _____

Preferred or Chosen Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT(S):

Name: _____

Relationship to Student: _____

Phone: _____ Alternate Phone: _____

Name: _____

Relationship to Student: _____

Phone: _____ Alternate Phone: _____

MEDICAL INFORMATION:

Medical Conditions: _____

Known Allergies to Medications: _____

Other Conditions to be aware of: _____

Hospital Preference: _____

In the event of an emergency, please contact:

Eileen Truscott
Associate Director, Healthcare Education
Northampton Community College

Office Phone: 610-332-6585
Cell Phone: 610-217-6049
E-mail: etruscott@northampton.edu