

## 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](http://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, 8<sup>th</sup> Edition, 2019, Silvestri, Linda Anne, ISBN: 978-0323358415
  - LPN: Saunders Comprehensive Review for the NCLEX-PN® Examination, 8<sup>th</sup> Edition, 2019, Silvestri, Linda Anne, ISBN: 978-0323733052
- Enroll in the course. Register online at [northampton.edu/Lifelearn](http://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](mailto:healthcare@northampton.edu) or call 610-332-6585. For refund information, please visit [northampton.edu/NoncreditRefund](http://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  SEP

Gender:  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 EXPERIENCE**

1. 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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**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](mailto:etruscott@northampton.edu)