

NURSE REVIEW

for RNs & LPNs

Program Requirements Checklist & Form

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

Requirements Checklist (*Must be completed prior to the first class*)

All forms are included in this electronic packet. Bring completed forms to the first class.

- If licensed, please bring a copy of your nursing license.
- Current BLS certification. If you require certification, please visit www.northampton.edu/cpr.
- Completed NCC 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, 8th Edition, 2019
Silvestri, Linda Anne, ISBN: 978-0323358415
 - **LPN:** Saunders Comprehensive Review for the NCLEX-PN® Examination, 7th Edition,
2018 Silvestri, Linda Anne, ISBN: 978-0323484886
- Enroll in the course. Register online at northampton.edu/lifelearn or by calling 1-877-543-0998. **When registering for the RN course**, please reference course code NURSE101. **When registering for the LPN course**, please reference course code NURSE103. Course fee is due at the time of registration via credit card.

ALL REQUIREMENTS MUST BE COMPLETED PRIOR TO THE FIRST CLASS.

You must bring all completed documents to the first class.

Refund Policy

Students who wish to withdraw must formally request a withdrawal with the College and will be eligible for a refund as follows:

100% Refund - Withdraw 5 business days prior to the first day of class

50% Refund - Withdraw 3-4 business days prior to the first day of class

0% Refund - Withdraw less than 3 business days prior to the first day of class

Refunds resulting in a credit balance on the account are reimbursed by check made payable to the student within 14 days. Formal withdraw may be made by phone toll-free at 1-877-543-0998, by fax at 610-861-5551, or in person at the Main Campus Records Office, Monroe Campus Enrollment Office or the Fowler Family Southside Center, Room 550.

Questions

Please call 610-332-6585 or e-mail healthcare@northampton.edu with any questions.



Northampton Community College
Fowler Family Southside Center
511 East Third Street
Bethlehem, PA 18015
www.northampton.edu/cbi

One source. Countless solutions.



NURSING REACTIVATION/REVIEW PROGRAM
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/Country 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 [] Caucasian
[] Hispanic/Latino [] Native Hawaiian or Other Pacific Islander
[] Other

Primary Language Spoken: _____

Have you taken ESL courses?

Secondary Language Spoken: _____

[] Yes [] No



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