



## RN-LPN REFRESHER APPLICATION

**PRINT CLEARLY**

Date of Application \_\_\_\_\_ LPN \_\_\_\_\_ RN \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Street City State Zip

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Have you attended a MN College or University? Yes / No

If so, what is your StarID? \_\_\_\_\_

States you have held a nursing license in: \_\_\_\_\_

Last state and year you were licensed in as a nurse? \_\_\_\_\_

State relicensing in: \_\_\_\_\_ License # \_\_\_\_\_

How did you find out about this Nurse Refresher Course? \_\_\_\_\_

Have you ever had a disciplinary sanction from a Board of Nursing? YES / NO  
(circle one)

Visa, Master Card and Discover accepted. Please call 218-846-3674 to pay with card. Checks can be made out to M State.

### **RETURN APPLICATION AND PAYMENT TO:**

Minnesota State Community and Technical College, Attn: Abby Schlauderaff, 900 Highway 34 East,  
Detroit Lakes, MN 56501 or email to: [abby.schlauderaff@minnesota.edu](mailto:abby.schlauderaff@minnesota.edu)

\*A med/surg book will be required to be purchased information will be provided in your orientation packet.