

**MOLLOY UNIVERSITY**  
*Division of Continuing Education and Professional Studies*  
**RN Refresher Program Application**



Dear Prospective Student,

Thank you for your interest in the RN Refresher program at Molloy University.

Enclosed you will find an application to participate in an innovative RN Refresher course sponsored jointly by Molloy University Continuing Education and Professional Studies with clinical experience at local hospitals.

Master's prepared faculty from Molloy University conducts classes and laboratory experiences. Lectures and clinical itineraries are given prior to course commencement. Attendance at all classroom and clinical sessions is expected for successful completion of the course.

Upon completion, a certificate will be awarded to those who meet attendance and performance requirements. Participants in the R.N. Refresher course are eligible for employment as an entry level staff nurse in an acute care facility.

**Class Information: CURRENTLY THE DIDACTIC PORTION OF THE PROGRAM IS OFFERED IN A REMOTE FORMAT. STUDENTS WILL BE PROVIDED WITH THE ZOOM LINK PRIOR TO THE FIRST CLASS.**

- a. Lecture and discussion will take place in a remote format
- b. Skills day will take place in the Hagan School of Nursing Clinical Lab
- c. Content will afford the non-working RN up-to-date information on health problems, new technology, and the current role expectations of the registered professional nurse.
- d. Pharmacology Review will be included as part of the classroom curriculum.

**MOLLOY UNIVERSITY**  
*Division of Continuing Education and Professional Studies*  
**RN Refresher Program Application**

**Clinical Information:**

1. Clinical experience (on medical or surgical units) includes responsibility for direct patient care, administration of medications, and charting.
2. Transition from classroom to patient care is facilitated by faculty supervision of small groups of students.
3. Evaluation of clinical performance will be done by clinical faculty and will serve as a resource for job references.
4. All students must attend clinical sessions in white uniform; a white top with white slacks or skirt and white shoes (plain white leather sneakers permissible).
5. Identification badges provided must be worn at all times to clinical.
6. Parking lot available – please observe regulations.

**Class Information**

**The RN refresher program is offered 4 times a year; fall, winter, spring and summer. Currently we offer the program "live" online through Zoom on Wednesday and Thursday evening (6:30 p.m. - 9:30 p.m.) and weekend clinicals .[Click below](#) for the upcoming schedule of classes**

<https://www.enrole.com/molloy/jsp/course.jsp?courseId=NU0040&categoryId=5E1252C0>.

**Current required documents**

1. Current, valid registered nurse license registration for New York State.
2. Individual liability insurance. (see below for information)
3. Physical examination – must include immunizations and/or titers.  
**\*\*Note: copies of actual lab values on the laboratory letterhead are to be submitted – values cannot just be listed on the physical form.**  
(See attached checklist form)
4. Current CPR certification – American Heart Association Basic Life Support for the Healthcare Provider. Certification classes available at Molloy prior to start of class (separate fee). Call (516) 323-3550 for class information.
5. COVID
6. N95 fit test

**MOLLOY UNIVERSITY**  
*Division of Continuing Education and Professional Studies*  
**RN Refresher Program Application**

To assist you in meeting these requirements, the following information is provided:  
Malpractice Insurance may be purchased from Nurses Services Organization by calling toll free,  
1-800-247-1500 or go to: [www.nso.com](http://www.nso.com)

**The cost of the program is \$2,200. An \$1100.00 deposit is required at the time of registration.  
Class enrollment is limited so please send your application and deposit as soon as possible in order to  
assure a place in the course.**

If you have any questions, please call Molloy University Continuing Education and Professional Studies at  
(516) 323-3555 or 3558.

Sincerely yours,

*Anthony DiDio*

Anthony DiDio, MS, RN  
Coordinator of the RN Refresher Program  
Division of Continuing and Professional Studies

**MOLLOY UNIVERSITY**  
*Division of Continuing Education and Professional Studies*  
**RN Refresher Program Application**

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Basic Nursing Education

- Diploma  
 Associate Degree  
 B.S. Degree

Name of School \_\_\_\_\_ Graduation Date \_\_\_\_\_

R.N. License # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Years of Nursing Experience \_\_\_\_\_

Last Date of Practice \_\_\_\_\_ Area of Practice \_\_\_\_\_

Name of Employer \_\_\_\_\_

Malpractice Policy # \_\_\_\_\_

Physical Exam: \_\_\_\_\_ Date \_\_\_\_\_

I certify that all information I have provided in this application is true and complete to the best of my knowledge.

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

***A deposit of \$1100.00 is required. If paying by check, make check payable to "Molloy University" and mail to:***

***R.N. Refresher Course-Attn:*** Anthony DiDio, MS, RN  
Continuing Education and Professional Studies  
Molloy University  
1000 Hempstead Avenue  
Rockville Centre, New York 11571

Amount Enclosed \_\_\_\_\_

You may charge my: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**MOLLOY UNIVERSITY**  
*Division of Continuing Education and Professional Studies*  
**RN Refresher Program Application**

**Participant's Biography**

In the space below, please write a brief statement about yourself. We have included some questions that might help you.

- What can you tell us about yourself?
- What are your goals? (Personal or professional)
- Why are you taking this course?
- What will you do when you finish?
- What concerns you most about taking this program?
- What are some of the strengths you bring to this project?

**MOLLOY UNIVERSITY**  
*Division of Continuing Education and Professional Studies*  
**RN Refresher Program Application**

**Student Checklist**

*Physical (Please include :)*

- Yearly physical exam (our form) by MD, Nurse Practitioner or Physician Assistant.
- Two Step Tuberculin Test or QuantiFERON Gold (if **positive copies of chest x-ray results**).
- DT every ten years Diphtheria/Tetanus
- Evidence of Immunization: Measles, Mumps, Rubella, Chicken Pox (copy of lab report)**
- Laboratory Print out of Results of Titres for:
  - Rubella
  - Rubeola
  - Varicella
  - Mumps
  
- Season Flu Vaccine
- Student Waiver Signed
- N95 Fit Test Certificate
  
- COVID Vaccine**
  
- ONCE YOU HAVE REGISTERED AND LEFT A DEPOSIT ALL DOCUMENTS SHOULD THEN BE SUBMITTED TO [msibilio@molloy.edu](mailto:msibilio@molloy.edu)**



**MOLLOY UNIVERSITY**  
*Division of Continuing Education and Professional Studies*  
**RN Refresher Program Application**

**PPD FORM**

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

**PPD STEP # 1**

Date: _____	Manufacturer: _____ Dose: <u>0.1ml</u>
Time Given _____	Exp Date _____ Lot# _____
	Given by: _____
Must be read 48-72 hours later	Results: _____ mm
Date: _____	Read by: _____
Time Read: _____	

**PPD STEP # 2 Second PPD Test (7-21 days after Step #1)**

Date: _____	Manufacturer: _____ Dose: <u>0.1ml</u>
Time Given _____	Exp Date _____ Lot# _____
	Given by: _____
Must be read 48-72 hours later	Results: _____ mm
Date: _____	Read by: _____
Time Read: _____	

**OR**

- **Quantiferon TB Gold Result \_\_\_\_\_ Lab sheet must be attached**
- *Positive findings of all Tuberculosis Tests require a negative chest X-Ray Report. X-Ray report must be attached*





**MOLLOY UNIVERSITY**  
*Division of Continuing Education and Professional Studies*  
**RN Refresher Program Application**

*Flu Vaccine Form*

**StudentName** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

Manufacturer of Vaccine \_\_\_\_\_

Lot Number of Vaccine \_\_\_\_\_

Dose Administered \_\_\_\_\_

Date Administered \_\_\_\_\_

**Name of Health Care Provider** \_\_\_\_\_  
(Stamp is required)

**Health Care Provider Signature** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Date:** \_\_\_\_\_

**MOLLOY UNIVERSITY**  
*Division of Continuing Education and Professional Studies*  
**RN Refresher Program Application**

**Declination Statement**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been informed of the need to be vaccinated with Hepatitis B Vaccine. However, I decline Hepatitis B Vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease.

Name (Print) \_\_\_\_\_

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

**Student Waiver of Health Records**

I, the undersigned, authorize release of information from my Student Health Record to affiliating clinical agencies.

**Please Sign Below:**

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