

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.

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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](https://www.enrole.com/molloy/jsp/course.jsp?courseId=NU0040&categoryId=5E1252C0) 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

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To assist you in meeting the insurance requirements, the following information is provided. Please note that Molloy University does not endorse this product, but recognizes this as a popular option among its students. Malpractice Insurance may be purchased from Nurses Services Organization by calling toll free, 1-800-247-1500 or by visiting: 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) 323-3550.

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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. Payment may be submitted by phone at 516-323-3550. If paying by check, make check payable to "Molloy University" and mail to:

RN Refresher Course-Attn: 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 _____

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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?

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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**

History & Physical Form

Physical Date: _____

***Attach Lab Reports to this Form**

Titre	Value	Date	Result	If Negative, <u>Date</u> Vaccine Administered
* Rubella	_____	_____	_____	_____
* Varicella	_____	_____	_____	_____
* Rubeola	_____	_____	_____	_____
* Mumps	_____	_____	_____	_____

Polio Tri-Valent Oral Series Date: _____

Diphtheria/Tetanus

(DT) Series Date: _____ Booster within ten years date: _____

****Hepatitis B Vaccine:**

1. Date _____	3. Date _____
2. Date _____	Follow-up Titer _____ (Recommended)

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PPD FORM

Name _____ Home Phone (____) _____
Address _____ Work Phone (____) _____
City _____ St. _____ Zip _____ E-mail _____

PPD STEP # 1

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

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

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

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*

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History & Physical Form

I certify that (print name of student) _____ is in good health as determined by a recent physical examination of sufficient scope to ensure that he or she is free from health impairments which may be of potential risk to patients or other personnel or which may interfere with the performance of his or her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual's behavior. This individual is able to participate in clinical learning experiences as a student of Nursing.

Height: _____	Weight _____	B.P. _____	HCT: _____
Vision: _____	Hearing: _____	HGB: _____	
U/A _____	WBC _____	Diff: _____	

Allergies: _____	Provider Signature: _____
Illnesses: _____	Provider Signature: _____
Injuries: _____	Provider Signature: _____
Restriction on Activity: _____	Provider Signature: _____
Medications: _____	Provider Signature: _____
**Disabilities: _____	Provider Signature: _____

_____ Name of MD, Nurse Practitioner or Physician Assistant (Stamp)	_____ Signature
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_____ Address	_____ Phone
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Date: _____

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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: _____

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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: _____