RN RE-ENTRY INTO PRACTICE
A UNIQUE REFRESHER COURSE

This refresher course is designed to provide inactive nurses with an update of both the theoretical content and clinical practice needed to return to employment in nursing. Experienced faculty in a supportive environment will assist the nurse who wishes to return to bedside nursing to gain confidence and skill in order to be able to function with adult medical/surgical clients. Content will include the nursing process, nursing assessment, legal-ethical issues, common IV and drug therapy and medical-surgical conditions encountered in contemporary practice. A Rutgers, School of Nursing certificate will be awarded upon completion of the program.

Who should attend: Inactive registered nurses who are considering returning to full or part-time employment or those who have let their licenses lapse.

Note: Nurses from other States are required to have a valid New Jersey license in order to participate in clinical practice. You must allow at least 8 weeks for the application process through the New Jersey State Board of Nursing. For those who have had their license lapse, permission may be granted by the New Jersey Board of Nursing for participants to do clinical practice under supervision.

Place: Rutgers, School of Nursing & St. Barnabas Medical Center
Livingston, New Jersey

Dates: FALL 2014 Class: Thursdays & Friday evenings at Rutgers School of Nursing 180 University Avenue Newark, NJ
Clinical: Saturdays at St. Barnabas Medical Center
October 2nd – December 6th 2014

Time: Thursdays & Fridays: 5:00pm – 9:30pm
Saturdays: 8:00am -3:00pm

Faculty: All faculty have a minimum of a master’s degree in nursing and are clinically active in their field.

Fee: $1795 includes extensive instructional materials, classroom instruction and clinical practice supervision. Extra fees will be charged for security checks required by the respective institution where participants will do clinical practice.

Continuing Education 140 Contact Hours
Credit: Rutgers University School of Nursing Certificate

Note: Enrollment is limited to 20 nurses. Early registration is advised so that participants may complete prerequisite requirements.
Dear Prospective Student:

Thank you for your interest in Rutgers, The State University, School of Nursing, Center for Professional Development, Registered Nurse Refresher Course.

Enclosed you will find an application to participate in this innovative course sponsored jointly by Rutgers School of Nursing and St. Barnabas Medical Center.

The next courses will begin either on October 2\textsuperscript{nd} – December 6\textsuperscript{th} 2014 at Rutgers School of Nursing and Saint Barnabas. The clinical experience takes place at Saint Barnabas Medical Center. Rutgers University faculty supervise the clinical experience of refresher students.

Attendance at all classroom and clinical sessions is expected for successful completion of the course. At the conclusion a Rutgers certificate will be awarded.

Class Information

Lecture and discussion will take place in a Rutgers classroom and clinical experiences will take place in the appropriate institution.

Content will afford the RN up-to-date information on health problems, new technology and the current role expectations of the registered professional nurse.

Clinical Information

1. Clinical experience on medical surgical units and elsewhere as arranged include responsibility for direct patient care and administration of medications.

2. Transition from classroom to patient care is facilitated by faculty supervision of no more than 10 students in a group.

3. All students must attend clinical sessions in an appropriate white uniform.

4. Identification badges provided must be worn at all times.
The cost of the program is $1795.00. A $850.00 deposit is required and the balance is due one month prior to the start of class. Application and deposit should be forwarded prior to completion of the physical exam in order to assure a place in the course. Each course is limited to twenty participants. Early enrollment is advised.

Each student is required to submit a copy of the following documents prior to the start of class:

1. Current, valid New Jersey registered nurse license or a letter of permission to practice under supervision from the New Jersey Board of Nursing.
2. Individual liability insurance.
3. Physical examination - must include required immunizations.
4. Signed permission form for required security check.
5. Certificate of completion of a BLS Course

If you have any questions, please call Rutgers, The State University, School of Nursing, Center for Professional Development (973) 353-5895 or email cpdn@rutgers.edu

Sincerely yours,

Gayle A. Pearson, DrPH, RN
Assistant Dean
Center for Professional Development

GAP/mic
Encls. Application
    Health Clearance Form
    Security Check Form
RUTGERS THE STATE UNIVERSITY
SCHOOL OF NURSING
CENTER FOR PROFESSIONAL DEVELOPMENT

Application

R.N. REFRESHER COURSE

Name and Date of course applying for _________________________________________________________________

Name ____________________________________________    Home Phone      (          ) _________________________

Cellular Phone (        )______________________                       Business Phone   (          ) _________________________

Street Address________________________________

(Town)                                              (State)                                                       (Zip Code)

Best time to reach you ____________________________ Email ________________________________

Basic Nursing Education (check one)

Diploma  ____  Associate Degree   ____    B.S.N. Degree ____      Other  __________

Name of Nursing School _____________________________________________________________________________

Address of Nursing School _________________________________________________________________________

New Jersey R.N. Lic # ___________     Expiration Date ___________  Social Security #    __________________________

Years of Nursing Experience _____________________  Type of Nursing Experience _______________________

Name of Last Employer __________________________________

Last Date of Practice ____________________________ Area of Practice ________________________________________

Name of Malpractice Insurance Company ____________________________________________________________

Name of Last Employer __________________________________    Malpractice Policy # ____________________

Physical Exam Date ________________         Immunization Completed ________________________________

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

Signature _________________________________________    Date ________________________________

☐ Deposit of $850 is required.  ☐ Full amount $1795     Amount Enclosed ________________

NOTE

The balance ($1795.00) of payment must be paid two weeks prior to the course. Official withdrawal from the course must be made three weeks prior to start of classes to receive return of your deposit minus a $50 administrative fee.

Make checks payable to: Rutgers, The State University of New Jersey and send with form to: Dr. Gayle A. Pearson, Assistant Dean, Center for Professional Development, Rutgers School of Nursing, 180 University Ave., Ackerson Hall Room 202, Newark, NJ 07102
Tel: (973) 353-5895  Fax: (973) 353-1700  E-mail: cpdn@rutgers.edu

Credit Card: (Check one)

☐ Visa  ☐ MasterCard  ☐ Discover Card_________________________ Expiration date ______ Security Code____________

Amount ________________________ Signature ________________________________
RUTGERS THE STATE UNIVERSITY
SCHOOL OF NURSING
CENTER FOR PROFESSIONAL DEVELOPMENT

POLICY

It is the policy of Rutgers, The State University, School of Nursing, Center for Professional Development that all schools with student affiliations must be able to meet the following requirements with reference to the health of their students and their instructors:

1. A standard history and physical examination performed by the student's family or school physician within 1 year of the starting date of the affiliation. (See attached form)

2. Baseline P.P.D. Intermediate Skin Test (within the 3 months) except for those students who have received BCG.

3. Chest x-ray for those with positive P.P.D.’s or at the option of the examining physician and documentation of evaluation by a physician on an annual basis.

4. Records of completed courses of immunization including rubella, measles, and mumps. Rubella titer will be acceptable in lieu of rubella immunization.

5. Hepatitis positive surface antigen or proof of appropriate vaccination.

6. Varicella Positive Titer or proof of Flu Vaccine Status

MIC 10/01
This is the ONLY form that will be accepted to verify health information and MUST be completed and signed by your healthcare provider.

**PHYSICAL EXAM**
(*Physical exam includes health history.*)

This is to verify that ____________________________, was examined by me on __________________

(Name of Student) (Date)

and was found to be in good health and is medically cleared for the academic year ____________________________________.

Further, this is to certify that this student is in good health, free from communicable diseases, and able to function in clinical classes without restriction.

Signature of Healthcare Provider: __________________________________________ Date: __________________________

### VACCINE

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>Dose #1 Date</th>
<th>Dose #2 Date</th>
<th>Dose #3 Date</th>
<th>Date of positive Immune Titer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>MMR (Measles, Mumps, Rubella)</strong></td>
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<tr>
<td><strong>2 Doses REQUIRED</strong></td>
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<tr>
<td>All doses of MMR, given singly or in combination, must be given after 1 year of age and at least one month apart. MMR requirement is only for those born in 1957 or later.</td>
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<tr>
<td><strong>-OR-</strong></td>
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<tr>
<td><strong>MEASLES – 2 Doses REQUIRED</strong></td>
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<tr>
<td><strong>MUMPS – 2 Doses REQUIRED</strong></td>
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<tr>
<td><strong>RUBELLA</strong> (German Measles) – <strong>2 Doses REQUIRED</strong></td>
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<td>2. <strong>HEPATITIS B</strong></td>
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<td><strong>REQUIRED 3 doses</strong></td>
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<tr>
<td>3. <strong>TB SKIN TESTING</strong> [2-STEP]</td>
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<tr>
<td><strong>REQUIRED.</strong> Two-step Mantoux tuberculin skin testing should be performed on the initial testing. A one-step Mantoux test is sufficient if Mantoux testing has been done in the last 12 months. For one-step Mantoux tests, proof of previous one-step must also be submitted if it is not already on record with Rutgers.</td>
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<tr>
<td><strong>A. Tuberculin Skin Test (#1)</strong> Date Read</td>
<td>Positive □</td>
<td>Negative □</td>
<td>Result mm</td>
<td></td>
</tr>
<tr>
<td><strong>B. Tuberculin Skin Test (#2)</strong> Date Read</td>
<td>Positive □</td>
<td>Negative □</td>
<td>Result mm</td>
<td></td>
</tr>
<tr>
<td><strong>C. If positive TB test: X-ray result required and treatment date, if applicable.</strong> X-ray Date</td>
<td>Normal □</td>
<td>Abnormal □</td>
<td>Treatment Date</td>
<td></td>
</tr>
</tbody>
</table>

**Varicella Zoster (Chickenpox) Serology**

**PROOF of the Disease.** The **ONLY** way to prove the disease is by titer (HC Provider Statement is NOT acceptable).

**OR**

**PROOF of Immunizations (2-dose series)**

| **Varicella Zoster Serology Date** | **Serology Result** |
| ______/_____/____ | □ Immune | □ Not Immune |
| **Dose #1 Date** | **Dose #2 Date** |
| ______ | ______ |

**TD**

| **Tdap Date** | **TD Date** |
| ______/_____/____ | ______/_____/____ |

Name and Address of Healthcare Provider: __________________________

Send completed form to: cpdn@rutgers.edu OR Fax us at 973-353-1700