



**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 218-846-3684 to pay with card. Checks can be made out to M State.**

**RETURN APPLICATION AND PAYMENT TO:**

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

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