



# CSU, Chico

## Online Registered Nurse Refresher Course Application

Please complete this application and send it by mail to:  
 California State University, Chico  
 School of Nursing  
 Chico, CA, 95929-0200  
 Attention: Nurse Refresher Course

Payment of \$600 by check (payable to **CSU, Chico Research Foundation**) can be mailed along with your application.

If you wish to cancel the course, a full refund will be given prior to January 8, 2010.

After January 11, 2010, a partial refund of \$250 will be issued.

If the course is cancelled, a full refund will be given to all students.

**Requirements:** Computer capabilities that meet the minimum requirements of CSU, Chico.  
 Please refer to the following site for more information:

<http://www.csuchico.edu/stcp/about/ownership.shtml>

You will need to have access to **high speed internet** and have a **valid California RN license**.

Full Name: \_\_\_\_\_ BRN # \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Work number: \_\_\_\_\_

Cell number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**When** did you graduate from your RN program? \_\_\_\_\_

List areas of nursing experience: (Check all that apply)

Adult Medical-Surgical \_\_\_\_\_ How many years of experience? \_\_\_\_\_

Pediatrics \_\_\_\_\_ How many years of experience? \_\_\_\_\_

OB/GYN \_\_\_\_\_ How many years of experience? \_\_\_\_\_

Other (specify) \_\_\_\_\_

Describe briefly your reasons for applying to this program. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

How frequently do you use the internet? (Circle one)

Never / Once a month / Once a week / Daily

For additional information or questions, leave a message for Peggy Curry by phone at 530.898.5891 or by e-mail at [nrefreshercourse@gmail.com](mailto:nrefreshercourse@gmail.com). We look forward to hearing from you!