

# RN/LPN Refresher Course

## Self-Assessment Questionnaire to Determine Readiness for Enrollment

This survey has been designed to help you determine, in advance, if your investment of time and money in our RN/LPN Refresher Course will likely lead to your successful completion of the program, and therefore a nursing employment opportunity in the future. Not everyone who takes our RN/LPN Refresher Course is successful. The questions in the survey were developed from the experiences of working with RN/LPN Refreshers and identifying those areas and issues that were barriers to the candidate's successful completion of the course.

Please respond to the following questions with absolute honesty after careful consideration of your habits, capabilities, home environment, and all family, social and other demands upon your time and energy. (Mark a Y or N as appropriate to the left of each question, then total your responses at the end.)

1. Are you prepared to spend up to 12 hours every day for 15 weeks studying, reading textbooks, articles, responding to questions, and participating in precepteeship? Yes No
2. Do you believe you can adequately cope with multiple stressors on your time and energy (family, friends, social obligation, employment, school), especially when you have deadlines to meet? Yes No
3. Do you have supportive friends and family who are encouraging you to return to nursing? Yes No
4. If you currently work (outside nursing), can you afford to cut back your hours to part time (no more than 24 hrs/week) for at least 15 weeks? Yes No
5. Do you have sufficient savings/monies to cover costs incurred through obtaining various legal requirements for this course during the first 6 weeks? (licensure, immunizations and/or blood titers, malpractice insurance, background check, and urine drug screening if warranted? Yes No
6. Do you have sufficient Internet and computer experience that will help you get online, access large data-bases, open multiple sites at once, move between documents and sites, and upload/download attachments, photos and documents? Yes No
7. Do you believe that your MD or Primary Care Provider will determine that you are 'fit' to practice nursing in most setting? (This would include bending, lifting, carrying, and the physical endurance to work an 8, 10, or 12 hour shift.) Yes No

8. Do you believe that you could adequately handle the stress of acutely ill patients with multiple diagnoses, multi-tasking, delegation, heightened responsibility, and rapid pace of professional nursing today? Yes No
  
9. Can you reliably get to and from the classroom and/or your clinical placement site as required? Yes No
  
10. Are you mandated by the Arizona state board of nursing to take this class? Yes No
  
11. Have you ever been placed on probation or had a disciplinary action taken against you by any State Board of Nursing? Yes No
  
12. Have you worked in clinical setting as an RN within the last 20 years either paid or as a volunteer? Yes No
  
13. What or where do you want to practice? i.e. Home Health, pre Op, Post Op, CCU, Hospice, LTC, ER, Peds, OB
  
14. Do you understand the program's required clinical hours will be completed at one facility?

Student Name: \_\_\_\_\_

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