



LPN Refresher Phase II Application
Application Deadline June 24, 2022

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Last 4 digits SSN _____ SPCC Student ID # _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

PHASE II CHECKLIST

- Completed SPCC PHASE I APPLICATION*
- Attached a copy of Practical Nursing License*
 - *License Number _____*
 - *Do you have a restriction on your license – Yes ____ No ____*

REQUIRED APPLICATION ATTACHMENTS

- Copy of Practical Nursing License**

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Application received by:

Name: _____

Signature: _____ Date: _____