



**LPN Refresher Phase II Application**  
**Application Deadline October 23, 2021 at 5pm**

**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
  - o License Number \_\_\_\_\_
  - o 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: \_\_\_\_\_