



# Nurse Refresher Program

PHONE: (208) 918-3273 | WEB: <https://www.nurserefresher.org/>

EMAIL: [nurserefresher@nurseleaders.org](mailto:nurserefresher@nurseleaders.org) | MAIL: 2210 S Broadway Ave, Ste 201, Boise, ID 83706

## Utah Authorization Form

### Participant Section

(Participant completes this section and sends it to Board of Nursing.)

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

License Type:  RN  LPN

License Number: \_\_\_\_\_ License State: \_\_\_\_\_

License Status:  Expired; not active  Temporary; expires: \_\_\_\_\_  
 Current active license; need to update practice standards

### Board of Nursing Section

(Board of Nursing completes this section and sends it to Nurse Refresher Program.)

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_

The Board of Nursing for the State of Utah deems this participant eligible to meet the requirements needed for licensing. Upon completion of the Nurse Refresher Program and 150 clinical hours, the participant will be eligible for licensure, and subject to background checks, payment of fees, verification of good standing and other related licensing requirements. This student is hereby authorized to enroll in the Nurse Refresher Program to meet the licensure requirements.

Authorizing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Send Final Report to:  Email Address  Mailing Address

Please return this completed form by email to [nurserefresher@nurseleaders.org](mailto:nurserefresher@nurseleaders.org) or by mail to Nurse Refresher Program, 2210 S Broadway Ave, Ste 201, Boise, ID 83706.