

## **RN Reentry Program Sequence of Events**

1. RN Reentry candidate meets with Program Coordinator
  - a. Candidate completes the following:
    - i. Reentry RN Information Sheet
    - ii. Reentry RN Program Information Release Form
    - iii. RN Reentry Program Q&A
  - b. If candidate does not have a current active Georgia nursing license, he/she must submit an application for licensure or reinstatement to the Georgia Board of Nursing (GA BON).
  - c. If the GA BON determines that the applicant must complete an approved RN Reentry Program before issuing a temporary license, proceed to step 2.
2. Once supervised training site and preceptor is identified, the following occurs:
  - a. The candidate and representatives from the training facility and Three Rivers AHEC sign the Statement of Cooperation form
  - b. The nursing supervisor is given a copy of the Guidelines for the Supervising Registered Nurse and completes the Supervising Registered Nurse Record
  - c. Program Coordinator submits letter to the GA BON (sample attached) along with the following:
    - i. RN Reentry Program Topics list
    - ii. Proposed Supervised Training Schedule
    - iii. Nurse Reentry Competency Checklist
    - iv. Completed GA BON Form A
3. Once the candidate is issued a copy of her temporary permit, he/she begin the relevant study portion of the program upon payment of \$600.
  - a. The completed tests from each section must be submitted to the Program Coordinator for grading.
  - b. For any section scores below 80, the Program Coordinator will review the information with the candidate and the test must be retaken until a score of at least 80 is achieved.
4. Once the relevant study portion is completed successfully and the following information provided, the supervised nursing training can begin upon payment of \$600:
  - a. Physical examination with the past 6 months indication a good state of health
  - b. PPD skin test (or chest x-ray as appropriate) within the past 12 months
  - c. Tetanus/diphtheria booster within the past 12 months
  - d. Hepatitis B immunizations series completed and/or declination letter
  - e. Documentation of immunizations for MMR (or Rubella-titer), Polio, DPT, and Varicella Virus
  - f. Current American Heart Association CPR certification for Healthcare Professionals
  - g. Active malpractice liability insurance (\$1,000,000 each incident; \$3,000,000 aggregate)

- h. Active accidental health insurance (medical coverage)
5. In documenting the supervised nursing training hours, the facility may use their forms/system or the attached sheet for recording the time. The following is NOT counted toward the 160 hours:
    - a. Attendance of the facility's orientation program
    - b. Meal breaks
    - c. Rest breaks
  6. Approximately midway through the training, the Program Coordinator will communicate separately with the nursing supervisor and the candidate for a progress evaluation. The Supervisory Nurse will complete the Nurse Reentry Program Periodic Clinical Evaluation form and submit to the Program Coordinator.
  7. Upon completion of the 160 hours, the following will be completed:
    - a. The candidate and nursing supervisor will complete and sign the RN Reentry Program Competency Checklist.
    - b. The candidate will complete the Nurse Reentry Program Clinical Evaluation form
    - c. The candidate will complete the Sowega AHEC Continuing Education Activity Evaluation
    - d. The candidate and nursing supervisor will complete and sign the RN Reentry tentative work schedule.
    - e. The Program Coordinator and candidate will complete and sign in the presence of a Notary Public GA BON Form B and submit to GA BON.
    - f. The nursing supervisor will complete and sign in the presence of a Notary Public GA BON Form C and submit to GA BON.