**Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **College of Nursing at the University of Missouri-St. Louis**

**2015 Application for Nurse Externship Program**

**(must be typed)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN#(last 6 digits only)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address : street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_Zipcode \_\_\_\_\_\_\_\_

Phone: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(please circle best number to reach you or leave a message)

**E-mail Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University in which currently enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a BSN program? (required) \_\_\_\_\_\_\_\_\_\_\_

Cumulative grade point average (including fall 2014): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you have completed at least two semesters of clinical courses by the end of the 2014-2015 academic year?

\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_NO

Expected Graduation date (month/year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed by a BJC HealthCare hospital/service? \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_NO

If yes, which facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which nursing courses having a clinical component will you have completed by the end of 2014-2015 year (by May 2015):

|  |  |  |
| --- | --- | --- |
| **Name of Course and Clinical Focus** | **Date Completed** | **Grade** |
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Indicate your first, second, and third choices of clinical assignment as a Nurse Extern at each entity (hospital) by placing the number 1, 2, and 3 in front of each entity (hospital). Also indicate your first, second, and third choice of service area within each entity by placing the number 1, 2, and 3 in front of each service area. (You must choose **one** hospital as a first choice) Please make sure that you complete this correctly as stated above. If not completed correctly, your application will not be considered. ie; do not list each as your #1 choice.

***Hospital preferences will be considered first, followed by service area.***

# \_\_\_ Barnes-Jewish Hospital (BJH)

\_\_\_ General Surgery \_\_\_ ICU

\_\_\_ Oncology \_\_\_ General Medicine \_\_\_ Neurology \_\_\_ Operating Room \_\_\_ Emergency & Trauma Services \_\_\_ Cardiology \_\_\_ Cardiac Cath Lab \_\_\_ Labor & Delivery

\_\_\_ Any unit at BJH

**\_\_\_** **Barnes-Jewish St. Peters (BJSP)/Progress West Hospital**

 \_\_\_ Telemetry/ICU \_\_\_ OR \_\_\_ Emergency Service \_\_\_ PACU (inpatient and outpatient)

\_\_\_ Medicine/Surgery \_\_\_ Labor & Delivery (Progress West)

\_\_\_ Any unit at BJSP \_\_\_ Any unit at Progress West

**\_\_\_ St. Louis Children’s Hospital (SLCH)**

\_\_\_ Medicine \_\_\_ Emergency Unit

\_\_\_ Surgery /Trauma \_\_\_ Neonatal ICU

\_\_\_ Neuro-Rehab \_\_\_ Hematology-Oncology

\_\_\_\_ Operating Room \_\_\_ Cardiology-Transplant \_\_\_ Pediatric ICU \_\_\_ Any unit at SLCH

\_\_\_ **Christian Hospital (CH)**

 \_\_\_ICU \_\_\_AMCU (step down from ICU)

\_\_\_Telemetry (post-op open heart, pacemaker patients) \_\_\_PCU/Tele (congestive heart failure, respiratory patients)

\_\_\_Medical \_\_\_Surgical (post-op)

\_\_\_ Neuro/Ortho \_\_\_CMR (inpatient rehab)

\_\_\_ Any unit at CH

Do you require housing accommodations during the externship? \_\_\_ YES \_\_\_ NO

 If accepted into this externship program, how likely would it be that you would accept the position?

\_\_ I definitely would accept \_\_ I probably would accept \_\_ depends on my other offers \_\_I don’t know

Individuals providing letters of recommendation:

|  |  |
| --- | --- |
| **Name** | **Faculty Member or Clinical Supervisor?** |
|  |  |
|  |  |
|  |  |

**To complete the application process – include all of the following in one complete packet by February 16, 2015:**

* Completed **2015 Application for Nurse Externship Program** (be sure to include e-mail address and address where you would prefer communications mailed) – **application must be typed**
* **Letter of interest** in the Nurse Extern Program (no longer than two single-spaced pages) addressing the following:
* Why you are interested in the program; what you expect to gain
* Skills, abilities, and personal characteristics that qualify you for the extern program
* Your future career and educational aspirations
* Evidence of your cumulative grade point average – copy of **transcript** which includes fall 2014 (does not have to be an official transcript but must include all course work and grades for each course as well as cumulative GPA). **Do not mail packet until you have your fall grades included on a transcript!**
* **2 letters of recommendation** using the required form. (these can be in sealed envelopes but it is not mandatory).
* **resume-** no more than 2 pageslong
* Incomplete applications will not be considered, so make every effort to include all of the above by the deadline of February 16, 2015.
* No applications are reviewed prior to February 16, 2015

Mail or deliver to: **Kathryn Johnson, College of Nursing at University of Missouri-St. Louis, #216 Nursing Administration Building (MC 529), One University Boulevard, St. Louis, MO 63121-4400** (I suggest that you mail with delivery confirmation if you want verification that we have received your application). We will not notify you that we have received your application.

**If you are selected for the Nurse Extern Program, you will be required to provide:** (do not send these with your application)

* Evidence of good academic standing from your nursing program
* Overall grade point average at the end of the 2014-2015 academic year
* Verification of current CPR, TB testing, immunizations, drug screening, and criminal background check. **(THESE ARE AT STUDENT’S EXPENSE).**

Applications will be reviewed in late February and acceptance emails will be sent by early to mid March 2015. Every effort will be made to accommodate first choices. Hospital preferences will be considered first, followed by service area.

**\*\* Externs will be assigned to work on their nurse mentor’s scheduled shift- which may include nights, week-ends and holidays. \*\***

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**SIGNATURE** **DATE**