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

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

**2018 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 2017): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you have completed at least two semesters of clinical courses by the end of the 2016-2017 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 2017-2018 year (by May 2018):

|  |  |  |
| --- | --- | --- |
| **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) chosen. indicate your first, second, and third choice of service area under 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). Due to the large number of applications to BJH and SLCH only one of these can be selected. Do not make them your first and second choices because the second choice will not be considered. 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) (*do not select if SLCH is your #1 choice*)

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

\_\_\_ Oncology \_\_\_ General Medicine \_\_\_ Neurology \_\_\_ Operating Room \_\_\_ Emergency & Trauma Services \_\_\_ Cardiology \_\_ 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**) *(Do not select if BJH is your # 1 choice*)

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

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

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

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

\_\_\_\_ Float Pool

\_\_\_**Missouri Baptist Medical Center (MoBap)**

\_\_\_Medical \_\_\_Surgical

\_\_\_OR/PACU \_\_\_ ER

\_\_\_Labor & Delivery \_\_\_Cardiology

\_\_\_Oncology \_\_\_Any unit at MoBap

\_\_\_ ICU

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 January 31, 2018:**

* Completed **2018 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 (essay)** 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 2017 (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 January 31, 2018. No applications received after January 31, 2018 will be considered.
* No applications will be reviewed prior to January 31, 2018

Mail or deliver to: **Lisa Taylor, College of Nursing at University of Missouri-St. Louis, 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. Please direct any questions to Lisa Sinacore, RN, MSN- [sinacorem@umsl.edu](mailto:sinacorem@umsl.edu) 314-324-8725

**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 2017-2018 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 february and acceptance emails will be sent by mid to late February. 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**