

2023 Application for UMSL/BJC Nurse Externship Program
(must be typed)

Name: _____

Permanent Address: _____ City _____ State _____ Zip _____

Preferred Phone Number: _____ Alternative Phone Number: _____

Preferred E-mail Address: _____

College/University at which currently enrolled: _____

Is this a BSN program? (required) Yes No

Cumulative grade point average (inclusive of most recent semester completed): _____

Will you have completed at least two semesters of clinical courses by May 2023? Yes No

Expected Graduation Date (month/year) _____

Are you currently employed by a BJC HealthCare facility/entity? Yes No

If yes, which facility/site? _____ Job title _____ Dept. _____

Please list below all nursing courses that you will have completed by May 2023 that have or will contain a clinical component:

| Name of Course and Clinical Type | Date Completed | Grade |
|----------------------------------|----------------|-------|
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Clinical Placement Ranking Preference

Step 1- Hospital Preference: Please rank your top 3 choices (1 being your top choice, 3 being your last choice) for clinical placement out of the hospitals listed below.

*Please note, if you select BJH as your #1 choice, you cannot rank SLCH as your #2 or #3 choice. If you select SLCH as your #1 choice, you cannot rank BJH as your #2 or #3 choice.

Step 2 - Unit Preference: For each of the hospitals that you ranked as being a top 3 choices, please indicate your top 3 clinical unit/area choices within that hospital(1 being your top choice, 3 being your last choice).

Hospital preferences will be considered first, followed by preferred patient care unit/division.

___ Barnes-Jewish Hospital (BJH) (*If you select this as your #1 choice, you cannot rank SLCH in your ranking)

- | | | | |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> ICU/Progressive Care Unit | <input type="checkbox"/> Obstetrics* | <input type="checkbox"/> Perioperative Services |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Medical/Surgical | <input type="checkbox"/> Oncology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Neurology | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Any unit at BJH |

*must have completed the OB clinical rotation

___ Barnes-Jewish St. Peters (BJSP) / Progress West Hospital (PWH)

- | | | |
|--|---|---|
| <input type="checkbox"/> Emergency Service | <input type="checkbox"/> Labor & Delivery (Progress West) | <input type="checkbox"/> Special Care Nursery/Peds/Postpartum (Progress West) |
| <input type="checkbox"/> GI/PACU | <input type="checkbox"/> Medicine/Surgery | <input type="checkbox"/> Telemetry |
| <input type="checkbox"/> ICU | <input type="checkbox"/> OR | <input type="checkbox"/> Any unit at BJSP or PW |

___ Barnes-Jewish West County Hospital (BJWCH)

- | | | |
|--|--|--|
| <input type="checkbox"/> 2100 Surgical | <input type="checkbox"/> Operating Room | <input type="checkbox"/> Any unit at BJWCH |
| <input type="checkbox"/> 3100 Medical | <input type="checkbox"/> Pre/Post Operative Care | |

___ Christian Hospital (CH)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Cardiac Telemetry | <input type="checkbox"/> ICU Stepdown | <input type="checkbox"/> Neurology/Orthopedic | <input type="checkbox"/> Renal/Telemetry |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Inpatient Rehab | <input type="checkbox"/> Oncology | <input type="checkbox"/> Surgical |
| <input type="checkbox"/> ICU | <input type="checkbox"/> Medical | <input type="checkbox"/> Pulmonary-Telemetry | <input type="checkbox"/> Any unit at CH |

___ Missouri Baptist Medical Center (MBMC)

- | | | |
|--|--|--|
| <input type="checkbox"/> Medical Surgical (General Medicine, Medical Oncology, Neurology, Ortho, Inpatient Surgical) | <input type="checkbox"/> Surgical Services (Pre-Op/PACU, Intra Op) | <input type="checkbox"/> Cardiology (Telemetry, Cardiac Cath Lab, Cardiac Diagnostics, CVR, PCU) |
| <input type="checkbox"/> Critical Care (ED, ICU) | <input type="checkbox"/> Women & Infants (Mother Baby, L&D, NICU) | <input type="checkbox"/> Any unit at MBMC |

___ St. Louis Children's Hospital (SLCH) (*If you select this as your #1 choice, you cannot rank BJH in your ranking)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Cardiac ICU/Step-down Unit | <input type="checkbox"/> Medicine – Endocrine/Renal | <input type="checkbox"/> Neurosurgery/Neurology | <input type="checkbox"/> Surgery/Trauma |
| <input type="checkbox"/> Emergency Unit | <input type="checkbox"/> Medicine – GI | <input type="checkbox"/> Operating Room | <input type="checkbox"/> Any unit at SLCH |
| <input type="checkbox"/> Float Pool | <input type="checkbox"/> Medicine – Pulmonary | <input type="checkbox"/> Pediatric Behavioral Health | |
| <input type="checkbox"/> Hematology-Oncology | <input type="checkbox"/> Neonatal ICU | <input type="checkbox"/> Pediatric ICU | |

Will 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? |
|------|--|
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A complete application includes all the items listed below. Incomplete applications or applications submitted after January 25th, 2023 will not be considered.

Upload below documentation in the provided [link](#) or go to bit.ly/NurseExternship2023:

- **Completed 2023 application form** for the Nurse Externship Program. The application must be typed.
- **Letter of interest (in essay format)** in the Nurse Externship Program (no longer than two single-spaced pages). Please address the following:
 - Why you are interested in the Nurse Externship Program
 - What you expect to gain from your experience as a nurse extern
 - Skills, abilities, and personal characteristics that qualify you for the extern program
 - Your future career and educational aspirations
- Copy of current college **transcript**. This does not have to be an official transcript. However, it must include all grades for each course and your cumulative GPA. If you would like to submit a transcript inclusive of your Fall 2022 grades, do not submit the applications until your Fall grades 2022 are listed on the transcript.
- **Resume** (no more than two pages in length)

Recommendation letters sent directly to the NEP program via email:

- **Two letters of recommendation** using the required form (can be downloaded from the [NEP website](#)). Faculty/clinical instructor must submit recommendation letters directly to the application submission portal via email at 2831c559.groups.umsl.edu@amer.teams.ms

Please direct any questions to Tonya Haynes, DNP, RN, Coordinator of the UMSL/BJC Nurse Externship Program at haynesto@umsl.edu.

If you are selected for the Nurse Externship 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 2022-2023 (May 2023) academic year
- Verification of current CPR, TB testing (2-step PPD or IGRA), COVID-19 vaccination (or exemption), immunizations, drug screening, and criminal background check (THESE ARE AT THE STUDENT'S EXPENSE)

Acceptance emails will be sent out by late February 2023. Effort will be made to accommodate first choices. Hospital preferences will be considered first, followed by the preferred patient care unit/division.

Please note: Externs will be expected to work the schedule of the assigned nurse mentor which may include nights, weekends and holidays.

SIGNATURE

DATE