

2024 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 2024? ☐ 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 2024 that have or will contain a clinical component:

Name of Course and Clinical Type	Date Completed	Grade

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)

___ Cardiology	___ Medical/Surgical	___ Oncology	___ Psychiatry
___ Emergency Department	___ Neurology	___ Orthopedics	___ Any unit at BJH
___ ICU/Progressive Care Unit	___ Obstetrics*	___ Perioperative Services	*must have completed the OB clinical rotation

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

___ Emergency Service	___ Labor & Delivery (Progress West)	___ Special Care Nursery/Peds/Postpartum (Progress West)
___ GI/PACU	___ Medicine/Surgery	___ Telemetry
___ ICU	___ OR	___ Any unit at BJSP or PW

___ Barnes-Jewish West County Hospital (BJWCH)

___ 2100 Surgical	___ Operating Room	___ Any unit at BJWCH
___ 3100 Medical	___ Pre/Post Operative Care	

___ Christian Hospital (CH)

___ Cardiac Telemetry	___ ICU Stepdown	___ Neurology/Orthopedic	___ Renal/Telemetry
___ Emergency Department	___ Inpatient Rehab	___ Oncology	___ Surgical
___ ICU	___ Medical	___ Pulmonary-Telemetry	___ Any unit at CH

___ Missouri Baptist Medical Center (MBMC)

___ Medical Surgical (General Medicine, Medical Oncology, Neurology, Ortho, Inpatient Surgical)	___ Surgical Services (Pre-Op/PACU, Intra Op)	___ Cardiology (Telemetry, Cardiac Cath Lab, Cardiac Diagnostics, CVR, PCU)
___ Critical Care (ED, ICU)	___ Women & Infants (Mother Baby, L&D, NICU)	___ 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)

___ Cardiac ICU/Step-down Unit	___ Medicine – Endocrine/Renal	___ Neurosurgery/Neurology	___ Surgery/Trauma
___ Emergency Unit	___ Medicine – GI	___ Operating Room	___ Any unit at SLCH
___ Float Pool	___ Medicine – Pulmonary	___ Pediatric Behavioral Health	
___ Hematology-Oncology	___ Neonatal ICU	___ 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?

A complete application includes all the items listed below. Incomplete applications or applications submitted after January 25th, 2024 will not be considered.

Upload below documentation in the provided [link](#) or go to bit.ly/2024NEP-Application:

- **Completed 2024 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 2023 grades, do not submit the applications until your Fall grades 2023 are listed on the transcript.
- **Resume** (no more than two pages in length)

Recommendation letters completed by faculty/instructor via the provided link:

- **Two letters of recommendation** using the required form. Faculty/clinical instructor must complete NEP online recommendation form via the provided [link](#) or go to bit.ly/2024NEP-Recommendation. If preferred, faculty/clinical instructor can upload additional letters of recommendation as an attachment along with the submission.

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 2023-2024 (May 2024) 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 2024. 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