



Hennepin County **Medical Center**

## **Student Nurse Internship Program Summer 2010**

\$13.00 per hour

**Thanks for your interest in a Student Nurse Internship Opportunity  
at Hennepin County Medical Center!**

### **DEADLINE FOR SUBMISSION:**

**Application materials must be submitted by Friday, December 4<sup>th</sup>, 2009.**

Materials sent by U.S. mail must be postmarked no later than 12/4/09 to be considered.

**The Student Nurse Intern functions under the supervision of a Registered Nurse which will allow him/her to gain experience in the clinical setting. The primary focus is educational—assisting the student nurse to prepare for a position as a graduate nurse. The intern may care for patients ranging in age from newborn to elderly, dependent on the unit assigned. This is a 10-week program, 64 hours per two-week pay period, beginning June, 2010 and ending August, 2010.**

### **UNDER THE SUPERVISION OF RN PRECEPTOR, THE DUTIES OF THIS POSITION INCLUDE:**

- Hone your nursing assessment skills.
- Perform treatments and procedures such as dressing changes, blood glucose testing, tube feedings, etc.
- Administer medications including hanging certain IV's based on student nurse intern restricted activities list and unit specific policies.
- Participate in the development and implementation of care plans and patient education.
- Assist with the collection of physical and psychosocial data.
- Collaborate with health care team developing and implementing individual plans of care and patient education.
- Collaborate with the RN in conducting admission interviews, transferring and discharging patients with RN co-signature.
- Assume responsibility for documenting the cares, medications and treatments provided in the patient medical record.
- Assist physicians and nurses with medical/surgical procedures.
- Increase your critical thinking skills, and working with health care professionals to provide interdisciplinary care.

### **QUALIFICATIONS/REQUIREMENTS FOR THIS POSITION ARE:**

- **Successful completion of junior year of a baccalaureate nursing degree program by June 1, 2010.**
- Must be available to work at least 64 hours per two-week pay period on the shifts your assigned RN preceptor is scheduled - which may include rotating shifts and weekends but not including holidays.
- **Enrollment in a clinical internship course offered by your School of Nursing, or ability to successfully register for a class in Minnesota, per the Minnesota Board of Nursing, if selected for an internship.**
- Submission of a complete Application Packet by the **December 4, 2009** submission deadline (*must include two professional references* from faculty members, one should be from a clinical instructor and the other can be from clinical or faculty).
- Individuals hired by Hennepin County Medical Center must provide data for a criminal background study; all offers of employment are conditional and are contingent upon successful completion of this study.

## HOW TO APPLY:

You **must PRINT & SUBMIT** the following documents (Application Packet) by the closing date to be considered for a 2010 Student Nurse Internship:

- Standard HCMC Job Application (*must be paper format – not online version*)
- Cover Letter outlining why you are interested in a student nurse internship at HCMC
- Professional Resume
- Copy of Transcripts (through spring/summer 2009); fall transcripts will be required *if asked to interview*
- Reference Sheets (one should be from a clinical instructor and the other can be from clinical or faculty)

Please mail or drop-off a **COMPLETE** Application Packet (**all documents, including two references**) at one time. Our apologies, but due to the volume of applications, we will not be able to accept late or incomplete application packets.

**Please mail or drop-off completed application materials to:**

**Hennepin County Medical Center Human Resources  
ATTN: 2009 Student Nurse Internship Program  
701 Park Avenue, Mail Code P1  
Minneapolis, Minnesota 55415**

### **Application & Selection Schedule:**

Late October/ Early November, 2009	Application materials available online at <a href="http://www.hcmc.jobs">www.hcmc.jobs</a>
<b>December 4, 2009</b>	<b>Application deadline</b>
December/January	Application materials will be reviewed
January/February 2010	Interviews will be conducted for top candidates
February 15, 2010	Offers will be made
February 26, 2010	Deadline for students to accept/decline offers
June – August, 2010	10 week internship begins & ends

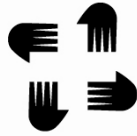
### **APPLICATION PACKET MATERIALS WILL BE REVIEWED AND INVITATIONS TO INTERVIEW WILL BE BASED ON AN ASSESSMENT OF COVER LETTER, EDUCATION, EXPERIENCE AND INTERESTS.**

Student nurse interns will be expected to work the same shift as their RN preceptor which could include rotating shifts and every other weekend. Please let us know of any barriers that would prevent you from meeting this expectation.

Please Note: external applicants receiving offers of employment from Hennepin County Medical Center must provide data for a Criminal Background Study; all offers of employment are conditional and are contingent upon successful completion of this study.

Hennepin County Medical Center recognizes that diversity enriches the workplace and encourages individuals with bilingual and/or bicultural skills/experience to apply for positions for which they meet the qualifications. If you need assistance with the application process, please contact the Human Resources Service Center at 612-873-2277.

# EMPLOYMENT APPLICATION



Hennepin County **Medical Center**

[www.hcmc.jobs](http://www.hcmc.jobs)

Hennepin County Medical Center  
Human Resources Service Center  
701 Park Avenue  
Minneapolis, MN 55415-1829

612-873-2277  
1-888-668-7233  
612-904-4285 fax

An Equal Opportunity and Affirmative Action Employer

PLEASE PRINT IN BLACK INK OR TYPE

DATE	POSITION NUMBER	POSITION TITLE

## APPLICATION INSTRUCTIONS - PLEASE READ

1. Read the Job Announcement carefully to be sure that you meet ALL requirements.
2. TYPE or PRINT clearly in BLACK ink so that the application may be read after photocopying.
3. Return by the closing date noted on the job announcement.

**NOTE: If you move or switch phone numbers after applying, please notify the Human Resource Department of this change to your application data.**

PERSONAL DATA			
Are you a current employee of HCMC?		If yes, please enter Employee Number:	
FIRST NAME	MIDDLE NAME	LAST NAME	
STREET ADDRESS		CITY, STATE	ZIP CODE
PREFERRED EMAIL ADDRESS		Email Type <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Business <input type="checkbox"/> Other	PREFERRED CONTACT TYPE <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> US Mail
PREFERRED PHONE (include area code)	Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell	ALTERNATE PHONE (include area code)	Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Cell

PROFESSIONAL REFERENCES	
<i>Please list individuals (other than friends/relatives) who are familiar with your work and educational qualifications. (2 required)</i>	
NAME	NAME
TITLE	TITLE
EMPLOYER	EMPLOYER
CONTACT PHONE NUMBER	CONTACT PHONE NUMBER

**DEMOGRAPHICS DATA**

HCMC, an Equal Opportunity Employer, will hire and promote without regard to such non-job-related distinctions as race, creed, religion, age, sex (except when sex is a Bona Fide Occupational Qualification), disability, marital status, sexual orientation, public assistance or national origin.  
**DATA PRIVACY:** Racial/ethnic data are used only to monitor employment opportunities for protected classes. While we encourage you to provide this information, it is not required.

<p align="center"><b>RACE/ETHNIC GROUP</b> (If you are multi-racial, choose one race with which you most closely identify.)</p> <p> <input type="checkbox"/> American Indian or Alaska Native     <input type="checkbox"/> Asian     <input type="checkbox"/> Black or African-American     <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Native Hawaiian or Pacific-Islander     <input type="checkbox"/> White     <input type="checkbox"/> Unknown/Other         </p>	<p align="center"><b>SEX</b></p> <p> <input type="checkbox"/> F Female  <input type="checkbox"/> M Male         </p>
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**JOB PREFERENCES**

<p><b>Desired Start Date:</b>     /     /</p>	<p align="center"><b>Location Preference</b> Choose 2 locations from the list below:</p> <p align="center">Hennepin County Medical Center, Family Medical Center, Hennepin Care East, Hennepin Care North, Hennepin Care South, Hyperbaric Medicine, Public Safety Facility Jail</p>																				
<p align="center"><b>Position Preferences</b> Check what type of position you would prefer. <b>Please pick just one from each column:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><u>APPOINTMENT</u></td> <td style="width:50%; border: none;"><u>STATUS</u></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Regular</td> <td style="border: none;"><input type="checkbox"/> Full-time</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Temporary</td> <td style="border: none;"><input type="checkbox"/> Part-time</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Either</td> <td style="border: none;"><input type="checkbox"/> Either</td> </tr> </table>	<u>APPOINTMENT</u>	<u>STATUS</u>	<input type="checkbox"/> Regular	<input type="checkbox"/> Full-time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Part-time	<input type="checkbox"/> Either	<input type="checkbox"/> Either	<p><b>First Choice:</b></p> <p><b>Second Choice:</b></p>												
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<input type="checkbox"/> Temporary	<input type="checkbox"/> Part-time																				
<input type="checkbox"/> Either	<input type="checkbox"/> Either																				
<p align="center"><b>Scheduling Preferences</b></p> <p align="center"><u>DAYS OF WEEK</u></p> <p>Check <b>ALL</b> days on which you are available to work :</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> Monday</td> <td style="width:50%; border: none;"><input type="checkbox"/> Thursday</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tuesday</td> <td style="border: none;"><input type="checkbox"/> Friday</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Wednesday</td> <td style="border: none;"><input type="checkbox"/> Saturday</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Sunday</td> </tr> </table> <p align="center"><u>SHIFTS</u></p> <p>Indicate during which shift you would prefer to work.</p> <p align="center"><b>Please pick only one:</b></p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> Any</td> <td style="width:33%; border: none;"><input type="checkbox"/> Weekends</td> <td style="width:33%; border: none;"><input type="checkbox"/> Day / Evening</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Days</td> <td style="border: none;"><input type="checkbox"/> Rotating</td> <td style="border: none;"><input type="checkbox"/> Day / Night</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Evenings</td> <td style="border: none;"><input type="checkbox"/> Nights and Weekends</td> <td style="border: none;"><input type="checkbox"/> Evening / Night</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Nights</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Saturday		<input type="checkbox"/> Sunday	<input type="checkbox"/> Any	<input type="checkbox"/> Weekends	<input type="checkbox"/> Day / Evening	<input type="checkbox"/> Days	<input type="checkbox"/> Rotating	<input type="checkbox"/> Day / Night	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights and Weekends	<input type="checkbox"/> Evening / Night	<input type="checkbox"/> Nights			<p align="center"><b>Salary Preferences</b></p> <p>Please indicate what type of salary you would actually accept :</p> <p><b>Minimum Pay:</b> \$     per     (Hour / Year)</p>
<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday																				
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday																				
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Saturday																				
	<input type="checkbox"/> Sunday																				
<input type="checkbox"/> Any	<input type="checkbox"/> Weekends	<input type="checkbox"/> Day / Evening																			
<input type="checkbox"/> Days	<input type="checkbox"/> Rotating	<input type="checkbox"/> Day / Night																			
<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights and Weekends	<input type="checkbox"/> Evening / Night																			
<input type="checkbox"/> Nights																					
	<p align="center"><b>Position Desired</b></p> <p>Please indicate for which job opening you are applying :</p> <p><b>Job Opening ID/Number:</b></p> <p><b>Job Title:</b></p>																				
	<p><b>Desired number of hours per week:</b></p>																				

**HOW DID YOU LEARN ABOUT THIS JOB?**

**Are you a Former Employee of HCMC?**      Yes      No

**If yes, please indicate:**    Employee Number     Previous Termination Date     /     /

**From which sources did you learn about this position?** (Check all source types that apply then supply information about specific source)

<u>SOURCE TYPE</u>	<u>SPECIFIC SOURCE</u>
<input type="checkbox"/> Agency <input type="checkbox"/> Current Employee Referral <input type="checkbox"/> Internet  <input type="checkbox"/> Newspaper <input type="checkbox"/> Job Fair <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Walk-In <input type="checkbox"/> Other	<p>Name of Agency:</p> <p>Name of Current Employee:</p> <p> <input type="checkbox"/> CareerBuilder.com   <input type="checkbox"/> HCMC.org   <input type="checkbox"/> Hennepin.us   <input type="checkbox"/> Monster.com   <input type="checkbox"/> StarTribune.com  <input type="checkbox"/> Specialty website   <input type="checkbox"/> HCMC intranet   <input type="checkbox"/> Other:         </p> <p> <input type="checkbox"/> Pioneer Press   <input type="checkbox"/> Star Tribune   <input type="checkbox"/> Other:         </p> <p>Location/Date of Job Fair:</p> <p>Type/Name of Other Source:</p>

## EMPLOYMENT RECORD

Starting with your **PRESENT** or most recent **EMPLOYER**, please list all jobs you had including experience in the military for at least the past five (5) years. Do not omit any work experience, even if unrelated to the job for which you are applying. **Please leave the End Date blank for your current job.**

Dates Employed From:    /    /    To:    /    /	Name Of Present Or Most Recent Employer
Phone	Ending Job Title
Street Address	City / State / Zip
Reason(s) for Leaving	
Description of Job Responsibilities	

Dates Employed From:    /    /    To:    /    /	Name Of Employer
Phone	Ending Job Title
Street Address	City / State / Zip
Reason(s) for Leaving	
Description of Job Responsibilities	

Dates Employed From:    /    /    To:    /    /	Name Of Employer
Phone	Ending Job Title
Street Address	City / State / Zip
Reason(s) for Leaving	
Description of Job Responsibilities	

Dates Employed From:    /    /    To:    /    /	Name Of Employer
Phone	Ending Job Title
Street Address	City / State / Zip
Reason(s) for Leaving	
Description of Job Responsibilities	

**Please list any additional employers on a separate, attached page. Include all information types requested in the above form.**

## EDUCATION

**What is the highest education level that you have completed? (Check only one)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> A – High School, less than 10 <sup>th</sup>    | <input type="checkbox"/> E – Technical School        | <input type="checkbox"/> I – Master's Level Degree    |
| <input type="checkbox"/> B – High School, greater than 10 <sup>th</sup> | <input type="checkbox"/> F – Two year college degree | <input type="checkbox"/> J – Doctorate (Academic)     |
| <input type="checkbox"/> C – HS Graduate, or Equivalent                 | <input type="checkbox"/> G – Bachelor's Level degree | <input type="checkbox"/> K – Doctorate (Professional) |
| <input type="checkbox"/> D – Some College                               | <input type="checkbox"/> H – Some Graduate School    | <input type="checkbox"/> L – Post-Doctorate           |

NAMES AND LOCATIONS OF ALL POST-SECONDARY SCHOOLS	DID YOU GRADUATE?	DEGREE TITLE (Check degree type and supply name)	MAJOR(S)	CUMMULATIVE GPA
NAME OF SCHOOL	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> ASSOCIATE OF : <input type="checkbox"/> BACHELOR OF : <input type="checkbox"/> MASTER OF : <input type="checkbox"/> DOCTOR OF : <input type="checkbox"/> CERTIFICATE : <input type="checkbox"/> OTHER :  <b>Date Issued:</b>		
LOCATION (State, Country)				
NAME OF SCHOOL	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> ASSOCIATE OF : <input type="checkbox"/> BACHELOR OF : <input type="checkbox"/> MASTER OF : <input type="checkbox"/> DOCTOR OF : <input type="checkbox"/> CERTIFICATE : <input type="checkbox"/> OTHER :  <b>Date Issued:</b>		
LOCATION (State, Country)				
NAME OF SCHOOL	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> ASSOCIATE OF : <input type="checkbox"/> BACHELOR OF : <input type="checkbox"/> MASTER OF : <input type="checkbox"/> DOCTOR OF : <input type="checkbox"/> CERTIFICATE : <input type="checkbox"/> OTHER :  <b>Date Issued:</b>		
LOCATION (State, Country)				

## PROFESSIONAL CERTIFICATIONS / LICENSES

1) License Name/Type	Date Issued	1) License/Certification #	Issued by
2) License Name/Type	Date Issued	2) License/Certification #	Issued by
3) License Name/Type	Date Issued	3) License/Certification #	Issued by
4) License Name/Type	Date Issued	4) License/Certification #	Issued by
Are You CPR Certified? <input type="checkbox"/> No <input type="checkbox"/> Yes Certification Date / /		Are You ACLS Certified? <input type="checkbox"/> No <input type="checkbox"/> Yes Certification Date / /	

## LANGUAGES

*Please list all languages known, other than English*

LANGUAGE	SPEAKING PROFICIENCY (Select one)	READING PROFICIENCY (Select one)	WRITING PROFICIENCY (Select one)
	<input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH	<input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH	<input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH
	<input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH	<input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH	<input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH
	<input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH	<input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH	<input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH

**QUESTIONNAIRE (Required)**

1. **Are you eligible for veterans' preference?** *(To qualify for veterans' preference, an applicant must have served 181 or more consecutive days on active military duty in any branch of the U.S. armed forces or have been disabled while serving on active duty.)*  
 YES    NO
  
2. **If you answered "Yes" above and wish to claim veterans' preference, please indicate your eligibility:**  
 Active Duty    Spouse of Deceased Veteran    Disabled Veteran    Spouse of Disabled Veteran
  
3. **If you answered "Yes" above and wish to claim veterans' preference, please indicate how you will submit your DD214 forms:** *(Please note that DD214 forms must be received within 48 hours of application submission)*  
 I will be mailing my DD214 to the following address: Hennepin County Medical Center, Human Resources—P1, 701 Park Ave., Minneapolis, MN 55415  
 I will be faxing my DD214 to the HCMC HR Department, 612-904-4285
  
4. **Are you legally authorized to work in the U.S.?**    YES    NO
  
5. **Are you 16 years of age or older?**    YES    NO
  
6. **If you are currently employed, may we contact your current employer?**    YES    NO
  
7. **I understand that if I am selected for an interview, I will be required to complete a Background Check Questionnaire form and return it prior to my scheduled interview.**    YES

**READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN THIS APPLICATION**

**I CERTIFY** that all statements made on this application are true, complete and correct. I understand that all information is subject to verification. I also understand that any falsification will disqualify me from employment or, if already employed, will result in dismissal. I authorize Hennepin County Medical Center to secure my driving record (if position requires driving), transcripts from educational institutions to verify academic credits/degrees, and information needed to obtain a criminal background check. I also authorize collection of any employment-related information deemed necessary from former employers or personal references. I agree to hold harmless those individuals, organizations, and Hennepin County Medical Center for any information provided or received. I further certify that I am not excluded from participation in a federal health care program as defined by federal law. See 42 U.S.C. 1320a-7b(f).

APPLICANT'S SIGNATURE (just type name for electronic signature)	DATE
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**NOTICE TO APPLICANTS  
(PLEASE READ THIS IMPORTANT INFORMATION)**

We will review your application to determine if your qualifications have met the posting requirements. You will be contacted only if you are selected as one of our top candidates.

**YOUR RIGHTS AS A SUBJECT OF DATA**

In accordance with the Minnesota Government Data Practices Act, we must inform you of your rights as a subject of data. The data you give us about yourself is needed to identify you and assist in determining your suitability for the position(s) for which you are applying.

Race, sex, and age data are used in summary form to monitor protected class employment and to meet federal, state, and local reporting requirements. Race and gender data on the applicant may also be used where under-representation exists. You are not legally required to supply any of the data we ask for on the application, but if you choose to withhold data other than race, sex, social security number, or age we may not consider you for employment. If you do provide the data and you are subsequently hired, the data you have given us will become part of your employee record.

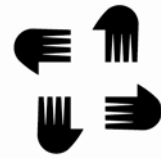
The data we collect about you is classified as either public or private. Public means that it is available to anyone who asks to see it. Private means that the data is only available to the person the information is about and to staff who must see it in the normal course of conducting medical center business, and as otherwise provided for by law. Data collected on or in response to, employment application that is classified private may be shared with medical center personnel who determine your suitability and ranking for the position(s) for which you apply. It may be shared with a labor union, if applicable, with the Public Employee Retirement Association (PERA); or other organizations at your request. It may also be shared as required by current or future laws.

Your name is private until you become a “finalist” for a job, at which time it becomes public.

Although you are not required to complete the demographics section, we request this data to help us measure our affirmative action efforts.

Be advised that any information you provide as an applicant or employee during your service with Hennepin County Medical Center maybe used by Hennepin County Medical Center for a variety of purposes under our Human Resources System, collective bargaining agreements, or as required by law. This includes, but is not limited to performance appraisals, discipline, and administration of various benefits, including insurance programs.

**Thank you For Applying with Hennepin County Medical Center**



## Nursing Student Internship –Faculty

### Reference Form

Greetings,

[Students Name Here] is applying to a Nursing Student Internship Program. As part of the application process applicants must obtain 2 references, one should be from a clinical instructor and the other can be from clinical or faculty.

Please complete the evaluation, print and put in sealed envelope and return back to student.

Applications with recommendations must be submitted by **December 4, 2009**.

Thank you in advance for your assistance.

#### To Be Completed By the Nursing Student

##### Student's Authorization to Release Clinical/Faculty Reference

I have applied to a Nursing Student Internship Program and I authorize you to release the information requested within this Faculty Reference Form.

Printed Name

Signature (electronic is acceptable)

Today's Date

Educational Institution

Daytime Phone

Other Contact



**To Be Completed By the Clinical or Faculty Reference**

Signature (electronic is acceptable)

Title

Relationship to Student

Educational Institution

Daytime Phone

Email address

**Check those which apply:**

	<b>Exceeds Expectations</b>	<b>Meets Expectations</b>	<b>Does Not Meet Expectations</b>	<b>Cannot Evaluate</b>
Clinical judgment/ critical thinking				
Appropriately responds to stressful situations				
Organizational ability				
Technical skills				
Initiative				
Consistent Performance				
Interpersonal & communication skills				
Flexibility/Ability to adjust to new situations				
Integrity				
Preparation for clinical, labs or classroom.				
Attendance/punctuality	N/A			N/A
Meets Deadlines	N/A			N/A

Please comment on the student's talents and strengths:

Please comment on the student's weaknesses and areas for improvement:

**Overall Evaluation:**

Strongly recommend

Recommend

Do not recommend



## Nursing Student Internship –Faculty Reference Form

Greetings,

[Students Name Here] is applying to a Nursing Student Internship Program. As part of the application process applicants must obtain 2 references, one should be from a clinical instructor and the other can be from clinical or faculty.

Please complete the evaluation, print and put in sealed envelope and return back to student.

Applications with recommendations must be submitted by December 4, 2009.

Thank you in advance for your assistance.

### **To Be Completed By the Nursing Student**

#### Student’s Authorization to Release Clinical/Faculty Reference

I have applied to a Nursing Student Internship Program and I authorize you to release the information requested within this Faculty Reference Form.

Printed Name

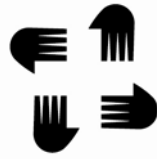
Signature (electronic is acceptable)

Today’s Date

Educational Institution

Daytime Phone

Other Contact



**To Be Completed By the Clinical or Faculty Reference**

Signature (electronic is acceptable)

Title

Relationship to Student

Educational Institution

Daytime Phone

Email address

**Check those which apply:**

	<b>Exceeds Expectations</b>	<b>Meets Expectations</b>	<b>Does Not Meet Expectations</b>	<b>Cannot Evaluate</b>
Clinical judgment/ critical thinking				
Appropriately responds to stressful situations				
Organizational ability				
Technical skills				
Initiative				
Consistent Performance				
Interpersonal & communication skills				
Flexibility/Ability to adjust to new situations				
Integrity				
Preparation for clinical, labs or classroom.				
Attendance/punctuality	N/A			N/A
Meets Deadlines	N/A			N/A

Please comment on the student's talents and strengths:

Please comment on the student's weaknesses and areas for improvement:

**Overall Evaluation:**

Strongly recommend

Recommend

Do not recommend

