

May-2008
Clarion Hospital
Nurse Extern
Application Packet

Nurse Extern Program

General Information/Instructions

GENERAL INFORMATION

1. Nurse extern applications will be reviewed and the extern committee will interview applicants.
2. The committee will consider the following for purposes of selecting applicants:
 - a. Academic Achievement
 - b. Community Service
 - c. Leadership
 - d. References
 - e. Nursing Essay
3. Externships will be announced the week of May 12th.
4. All externs must submit a letter of admission or acceptance to an accredited nursing school.
5. Externs are responsible for securing an outside loan, paying tuition, book fees and providing the hospital with a receipt/proof of payment & loan information for reimbursement purposes.
6. Reimbursement will commence after graduation.
7. Externs are responsible for working at the hospital as a RN for 2 years for each year of education paid.

Instructions for Submitting Scholarship Application

1. Complete all information in the extern application packet.
2. Type or print all information.
3. Complete the hospital application and the extern application.
4. Attach your official school transcript, seal affixed. Grades 9-12 for high school, or most recent college transcripts.
5. Provide two professional reference letters. One letter should be the nurse extern reference request, from a current advisor or instructor.
6. Complete the nurse extern program interests and expectations form.
7. Complete the nurse extern experience form.
8. Deadline for submitting application is April 18, 2008. All applications must be received by this date.
9. Mail to:

Leslie Walters, R.N., B.S.N.
Nursing Support Manager
Clarion Hospital
One Hospital Drive
Clarion, Pa, 16214

CLARION HOSPITAL NURSE **EXTERN APPLICATION**

Personal Data

Name

Home Address

City

State

Zip

Home Phone

School Phone

E-mail

Academic Data

List activities in which you participate in school:

List interests and activities outside of school:

List awards and honors you have received:

Signature

I affirm that all the information herein and provided with this application is true and correct.

Signature

Date

Nurse Extern Program Interests and Expectations

Clarion Hospital

1. Why do you have an interest in the Nurse extern Program?

2. Please give a brief explanation of your goals and expectations at the completion of the Nurse Extern Program.

3. Please give a brief essay about why a future in Nursing is right for you (use additional paper if necessary).

Signature of Applicant

Date

School

Nurse Extern Experience Listing Clarion Hospital

If you are currently enrolled in Nursing School, please indicate your current level of experience in the following areas:

Needs/Skills	No knowledge of	Learned in class	Minimal	Moderate	Feel Competent	Comments
Work on day shift						
Work on evening shift						
Work on night shift						
Complete Patient Assessment						
Assist patient with care including:						
❖ Physical Care, ADL's						
❖ Room set-up and patient belongings disposition						
❖ Vital signs, weight, pulse oximetry						
❖ Collect specimens: urine, sputum, stool						
❖ Site care of peripheral and central IV's						
❖ Sterile and non-sterile dressing changes						
❖ Inserting/discontinuing/irrigating Foley catheters						
❖ Inserting/discontinuing/irrigating NG's						
❖ Administering Tube Feedings						
❖ Performing ET/trach suctioning and care						
❖ Assist with respirator care including incentive spirometer & oxygen application						
❖ Assist with post-mortem care						
❖ Care of patients in isolation						
❖ Perform testing: blood glucose						
❖ Assist with ambulation and transfer of patients including disconnection of drainage tubes and unplugging IV controllers/pump						
❖ All documentation related to care provided						
Environment						
❖ Maintaining safe and clean patient and unit environment						

Additional Comments/Learning Needs:

Signature of Applicant

School Advisor

Dear Nursing School Faculty Member:

I am submitting an application for the Nurse Extern program at Clarion Hospital.

Will you please complete the evaluation attached and mail it to Clarion Hospital in the attached envelope to Leslie Walters RN, Clarion Hospital, One Hospital Drive, Clarion, PA 16214. I must have my application to Clarion Hospital by April 18, 2008.

Thank you for your assistance.

Name of Nursing Student (please print)

Signature of Student

Name of School

Clarion Hospital Nurse Extern Reference Request

Student Name (please print)

Based on your experience with the student in the clinical setting, please evaluate the student on the following items and use the scale on the right.

	Very good (top 10%)	Good (top 25%)	Average	Below Average
WORKSKILLS				
1. Organization of work	1	2	3	4
2. Technical skills(Nursing Assistant level)	1	2	3	4
3. Communication skills	1	2	3	4
ATTITUDES TOWARD WORK				
1. Attitude toward learning new skills	1	2	3	4
2. Ability to adjust to new situations	1	2	3	4
3. Integrity	1	2	3	4
PERSONAL QUALITIES				
1. Appearance	1	2	3	4
2. Attendance	1	2	3	4

What are the applicant's major strengths?

What areas need further improvement?

What is your overall evaluation of this student compared with others at the same level in your program?

By: _____ Title: _____
(Faculty Signature)

School: _____