

SUMMER NURSE EXTERN & INTERN APPLICATION

Name: _____ Date: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

School of Nursing: _____

REQUIREMENTS FOR STUDENT SUMMER NURSE EXTERN:

- Completed at least two clinical semesters
- Official university transcript *(include most recent copy)*
- Must be in good standing with a 3.0 cumulative GPA average
- Student Performance Evaluation form completed by nursing faculty *(include copy)*

REQUIREMENTS FOR STUDENT NURSE INTERN:

- Beginning final two semesters of nursing program
- Official university transcript *(include most recent copy)*
- Must be in good standing with a 3.0 cumulative GPA average
- Student Performance Evaluation form* completed by nursing faculty *(include copy)*
**Only needs to be completed if not currently in the Student Summer Nurse Extern program.*



800 West 9th Street ▲ Jasper, IN 47546 ▲ 812/996-2345
www.mhhcc.org

SUMMER NURSE EXTERN & INTERN APPLICATION

PREFERENCES:

Please review the choices below and rank from one to eight, with one being your top choice for your Extern or Intern experience.

- Medical Services
- Surgical Services
- Critical Care Services
- Emergency Department
- Behavioral Health Services
- Post-Surgical Services / Pediatrics
- Women & Infant Services
- Post-Acute (Skilled Caring Center / Inpatient Rehab Center)

TELL US ABOUT YOU:

I am interested in pursuing my career as a(n) _____ because: _____

I feel I am a good candidate for the Summer Externship or Internship because:

My long-term (5-10 years) goals are:

I have chosen Memorial Hospital for my Extern or Internship because:

Signature _____ Date _____

Submit this application along with the most recent university transcript and the Student Performance Evaluation form to the address below or send via email to Brooke Ingram at bingram@mhhcc.org.

Please contact Human Resources at 812-996-6267 with any questions.

Human Resources
Attention: Brooke Ingram
Memorial Hospital and Health Care Center
800 W 9th Street
Jasper, IN 47546

STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby request and authorize you and your institution to provide the information requested and release you and your institution from any liability resulting therefrom. All information provided to Memorial Hospital and Health Care Center will be held in confidence and used for the specific purpose of the Nurse Intern Application process.

Student Name (please print) _____

Student Signature _____ Date _____

STUDENT PERFORMANCE EVALUATION *(to be completed by nursing faculty)*

School of Nursing _____

Instructor _____

Please use a scale of one to five, with one being unsatisfactory and five being excellent, to rate the student on the following performance criteria:

- | | |
|-----------------------|--------------------------------|
| _____ Attendance | _____ Organizational Skills |
| _____ Initiative | _____ Integrity |
| _____ Quality of Work | _____ Cooperation |
| _____ Attitude | _____ Relationship with Others |
| _____ Team Work | _____ Communication Skills |

Comments/Strengths/Areas for Improvement:

I would recommend this student for employment in the Nurse Intern Program:

- Yes No

If no, why not:

Faculty Signature _____ Date _____

Printed Name _____

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