

In order to evaluate you as a recipient of this program, it is necessary to learn more about you as to interests.

1. Why do you have interest in the Summer Student Nurse Externship Program?

2. Please give a brief explanation of your goals and expectations at the completion of this program.

3. Please list any experiences, skills or community activities that you think may be useful for us to know about in evaluating you for Externship.

4. If selected as a recipient of the Summer Student Nurse Externship, please indicate your areas of interest from 1 to 5.

The Clinical Experiences will be divided into 5 Clinical (Areas) Clusters, each being 3 weeks in length. You will be assigned to 2 clusters for the Summer Experience.

No guarantee of priority placement can be given.

Prioritize by numbering your preference 1 - 5 in the boxes provided:

- | | |
|---|--|
| <input type="checkbox"/> Critical Care
Critical Care Units
PCU/Step Down Telemetry | <input type="checkbox"/> Surgical Services
Surgery
Perianesthesia—Ambulatory
& Recovery Room
Post Surgical Nursing Units |
| <input type="checkbox"/> Multi Specialty Units
Medical-Surgical—Orthopedics
& Acute Medical
Post Acute Services
Medical Rehabilitation
Therapeutics—PT, OT, ST | <input type="checkbox"/> Maternal Child Health
Newborn Intensive Care
Nursery/ Obstetrics
Pediatrics
Labor/Delivery |
| <input type="checkbox"/> Emergency Department
Emergency Department
Holding Units
Cardiac Cath Lab | |