



2019 Application for Paid Summer Nurse Internship

APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Permanent Address : Street		Apartment/Unit #			
City		State		ZIP	
School Address (if different than listed above)		Street		Apartment/Unit #	
City		State		ZIP	
Home Phone		Cell Phone		Email address:	
List internship Nursing Unit preferences See Fact Sheet		1.	2.		3.
BLS/CPR Current	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Grade point average	
Available every other weekend	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Available to work shift s (D/E/N & wknd)	YES <input type="checkbox"/> NO <input type="checkbox"/>
EDUCATION					
Currently enrolled in Baccalaureate Degree Nursing Program	YES <input type="checkbox"/>	NO <input type="checkbox"/> Completion of Junior year - June 2019		YES <input type="checkbox"/>	NO <input type="checkbox"/>
PREVIOUS EMPLOYMENT					
Company			Phone ()		
Address			Supervisor		
Job Title		From		To	
Responsibilities					
Company			Phone ()		
Address			Supervisor		
Job Title		From		To	
Responsibilities					
Company			Phone ()		
Address			Supervisor		
Job Title		From		To	
Responsibilities					
Essay Question: Write a short answer to the question? How will participating in a summer nurse internship enhance your nursing practice?					