

# 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.*

# 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: \_\_\_\_\_

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

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

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

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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 Tammy Billings at [tbilling@mhhcc.org](mailto:tbilling@mhhcc.org).

Please contact Human Resources at 812-996-0154 with any questions.

Human Resources  
Attention: Tammy Billings  
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:

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

- Yes  No

If no, why not:

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Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Submit this release of information and evaluation to the address below by March 1, depending on the clinical rotation. If you have questions, please contact Human Resources at 812-996-0154.

Human Resources  
Attention: Tammy Billings  
Memorial Hospital and Health Care Center  
800 W 9th Street  
Jasper, IN 47546  
Fax: 812-996-0237