



## Student Nurse Internship Program (SNIP) Fall 2010

### PROGRAM INFORMATION

- **Deadline to apply:**  
Friday, March 5, 2010
- **Program Dates:**  
August 9, 2010 to November 14, 2010
- **On Boarding (Hospital Orientation):**  
(New employees only)  
August 9 & 10, 2010
- **SNIP Orientation:**  
Monday, August 16, 2010

### QUALIFICATIONS/REQUIREMENTS

- Must be in the last semester prior to graduation from an Accredited School of Nursing, have a letter grade of “C” or better in all nursing classes, and a preferred GPA of 3.0 or better.
- Must have a Student Performance Evaluation Form submitted by one of your nursing instructors. (This form cannot be turned in by the applicant. Only the instructor may submit this form via mail or fax.)
- Must submit a current, official transcript. Internet copies are not acceptable.

---

### How To Apply:

- Complete the Spring *SNIP Application* (Student Nurse Intern Program), the *Preferences and Choices* form and the *Shifts and Schedules* form.
- Submit a current university transcript. This must be an official transcript from the Registrar’s Office.
- If you **are not** currently employed at Deaconess Hospital, you will need to complete a Deaconess Hospital employment application at [www.deaconess.com](http://www.deaconess.com).
- Current Deaconess employees must complete an in-house Transfer Request for the SNIP program *instead of* a Deaconess Hospital employment application.
- Have one of your current nursing instructors fill out the Student Performance Evaluation Form and send it Deaconess Hospital Human Resources Department. **This may be mailed or faxed by the instructor, but cannot be delivered by the student.**

\*The deadline to apply and submit all of the above requirements is **Friday, March 5, 2010**. **Students who fail to submit all requirements to Human Resources by the deadline may not be considered for the Student Nurse Intern Program.**

# FALL SNIP APPLICATION

(Student Nurse Intern Program)

**APPLICATION DEADLINE: March 5, 2010**

NAME \_\_\_\_\_

CURRENT MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_ ALTERNATE PHONE NUMBER \_\_\_\_\_

\*Please include area code on all phone numbers.

E-MAIL ADDRESS \_\_\_\_\_

SCHOOL OF NURSING \_\_\_\_\_

ARE YOU A CURRENT DEACONESS EMPLOYEE? NO / YES

EMPLOYEE ID # \_\_\_\_\_ DEPARTMENT / UNIT \_\_\_\_\_

ARE YOU A PREVIOUS DEACONESS EMPLOYEE? NO / YES

DATES EMPLOYED \_\_\_\_\_ DEPARTMENT / UNIT \_\_\_\_\_

BEFORE YOU SUBMIT YOUR SNIP APPLICATION, PLEASE MAKE SURE YOU HAVE COMPLETED THE ITEMS ON THE CHECKLIST BELOW:

(✓)

- COMPLETED SNIP APPLICATION
- COMPLETED EMPLOYMENT APPLICATION or TRANSFER
- COMPLETED PREFERENCE/CHOICE SHEET
- COMPLETED SHIFTS AND SCHEDULES SHEET
- MADE ARRANGEMENTS FOR TRANSCRIPT TO BE SENT
- ASKED INSTRUCTOR TO COMPLETE AND SUBMIT THE PERFORMANCE EVALUATION FORM

ALL OF THE ITEMS LISTED MUST BE RECEIVED BY HUMAN RESOURCES BY **FRIDAY, OCTOBER 9, 2009**.

SEND ITEMS TO:

**Katie Burnett, Nursing Recruiter**  
**Deaconess Hospital**  
**600 Mary Street**  
**Evansville, IN 47747**

**Phone: (812) 450-2358**  
**Fax: (812) 450-7484**  
**[katie\\_burnett@deaconess.com](mailto:katie_burnett@deaconess.com)**

NAME \_\_\_\_\_

## PREFERENCES AND CHOICES

Please review the options below and **number your top three (3) choices, in order of preference**, for the Care Centers on which you would prefer to work. When complete, mail this form, along with your SNIP application to Deaconess Human Resources.

### Deaconess Hospital

- |                    |                                  |
|--------------------|----------------------------------|
| _____ ED           | Emergency Dept.                  |
| _____ OR           | Surgical Services                |
| _____ Unit 2000    | Trauma ICU                       |
| _____ Unit 2100    | Cardiovascular Surgical ICU      |
| _____ Unit 25/2600 | Cardiovascular Care Center       |
| _____ Unit 2900    | Cardiovascular Medical ICU       |
| _____ Unit 3100    | Multi-Specialty Care Center      |
| _____ Unit 35/3600 | Surgical Medical Care Center     |
| _____ Unit 3800    | Neuro Care Center                |
| _____ Unit 3900    | Neuro Medical/Surgical ICU       |
| _____ Unit 4100    | Cardiovascular Renal Care Center |
| _____ Unit 45/4600 | Ortho Medical Care Center        |
| _____ Unit 5100    | Oncology/Pulmonary Care Center   |
| _____ Unit 5200    | Multi-Specialty Care Center      |

★ For a description of these units/departments, go to [www.deaconess.com](http://www.deaconess.com). Click "Find a Job", then click "Department/Position Profiles" on the left hand side. Next, click "Nursing" on the left side.

### Deaconess Gateway Hospital

- |                             |                                     |
|-----------------------------|-------------------------------------|
| _____ 2 <sup>nd</sup> Floor | Heart Unit                          |
| _____ 3 <sup>rd</sup> Floor | Pediatrics Unit                     |
| _____ 4 <sup>th</sup> Floor | Med/Surg ICU                        |
| _____ 5 <sup>th</sup> Floor | 5 <sup>th</sup> Floor Med/Surg Unit |
| _____ 6 <sup>th</sup> Floor | Ortho Unit                          |
| _____ 6 <sup>th</sup> Floor | Neuroscience Unit                   |

### The Women's Hospital

\_\_\_\_\_ The Women's Hospital

Note: The Women's Hospital may only be ONE of your three choices. If you have selected TWH to the left, please indicate which departments interest you the most.

- (✓)
- Med/Surg
  - Labor & Delivery/Triage
  - NICU
  - Surgery



## Student Authorization to Release Information

I am presently seeking employment/internship position with Deaconess Hospital. I hereby request and authorize you and your company or institution to provide the information requested and release you and your company or institution from any liability resulting therefrom. All information provided to Deaconess Hospital will be held in confidence.

Student Name (please print) \_\_\_\_\_

Social Security No. \_\_\_\_\_

Student Signature \_\_\_\_\_

---

## Student Performance Evaluation Form To Be Completed By Nursing Instructor

School \_\_\_\_\_

Nursing Instructor \_\_\_\_\_

Please use a scale of 1 to 5 (1 = Unsatisfactory, 5 = Excellent) to rate the student on the following items. Please be sure to rate each category.

_____ Attendance/Punctuality	_____ Attitude	_____ Cooperation
_____ Maturity	_____ Team Work	_____ Relationship w/Others
_____ Initiative	_____ Organizational Skills	_____ Quantity of Work
_____ Quality of Work	_____ Integrity	_____ Communication

Comments/Strengths/Weaknesses \_\_\_\_\_

---

I would recommend this student for employment or internship. \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, why not: \_\_\_\_\_

Signature/Title \_\_\_\_\_ / \_\_\_\_\_

Date \_\_\_\_\_

**DEADLINE FOR SUBMISSION: Friday, March 5, 2010**  
**Please FAX this completed form to the Human Resources Department at (Fax) 812-450-7484.**  
For questions call Katie Burnett at 812-450-2358 or 1-800-216-3311.