



Student Nurse Externship Program (SNEP) Summer 2010

PROGRAM INFORMATION

- **Deadline to apply:**
February 26, 2010
- **Program Dates:**
May 19, 2010 – August 8, 2010
- **Hospital Orientation:**
(new employees only)
May 17 & 18, 2010
- **SNEP Orientation:**
May 19, 20 & 21, 2010

QUALIFICATIONS/REQUIREMENTS

- Must be in Good Standing in an NLN or AACN accredited RN School of Nursing with a “C” or better in all nursing courses.
- Must have completed two semesters of clinicals by May, 2010.
- Must submit an official transcript from your college or university.

How to Apply:

- Complete the *Summer SNEP Application* (Student Nurse Extern Program). The form may be printed out from our website at www.deaconess.com. On the left side of the screen under “FIND A JOB” click on “For Students”. At the “For Students” screen there will be an icon on the right side that says “SNEP Application”. Open and print the application; complete the application by hand and submit it to: Deaconess Human Resources, 600 May St., Evansville, IN 47747.
- Submit your most recent official university transcript. This must be an official transcript from the Registrar’s Office. (Mailing address: Deaconess Human Resources, 600 Mary St., Evansville, IN 47747)
- If you *are not* currently employed at Deaconess Hospital, you will need to complete a Deaconess Hospital employment application at www.deaconess.com.
- Current Deaconess employees must complete the items mentioned above, but *instead of* a Deaconess Hospital employment application, you must complete an in-house Transfer Request Form for the SNEP program.
- 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 information is **Friday, February 26, 2010**. Students who fail to submit all requirements to Human Resources by the deadline may not be considered for the Student Nurse Extern Program.

Summer SNEP APPLICATION

(Student Nurse Extern Program)

APPLICATION DEADLINE: February 26, 2010

NAME _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL Phone _____

*Please include area code on all phone numbers.

E-MAIL ADDRESS _____

MAILING ADDRESS (if different) _____

CITY _____ STATE _____ ZIP _____

SCHOOL OF NURSING _____

ARE YOU A CURRENT DEACONESS EMPLOYEE? YES / NO

ID# _____ DEPT. _____ MANAGER _____

ARE YOU A PREVIOUS DEACONESS EMPLOYEE? YES / NO

ID# _____ DEPT. _____ MANAGER _____

*BEFORE YOU SEND YOUR SNEP APPLICATION, PLEASE MAKE SURE YOU HAVE COMPLETED THE CHECKLIST BELOW:

(✓)

- COMPLETED SNEP APPLICATION
- COMPLETED EMPLOYMENT APPLICATION or TRANSFER REQUEST
- COMPLETED PREFERENCE/CHOICE SHEET
- MADE ARRANGEMENTS FOR TRANSCRIPT TO BE SENT
- ASKED INSTRUCTOR TO COMPLETE PERFORMANCE EVALUATION AND FAX TO HUMAN RESOURCES (Fax: 812-450-7484)

ALL OF THE ITEMS LISTED MUST BE RECEIVED BY HUMAN RESOURCES BY **FRIDAY, FEBRUARY 26, 2009**, TO BE CONSIDERED FOR THE SNEP PROGRAM. 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

NAME _____

Summer SNEP Program

PREFERENCES AND CHOICES

The Student Nurse Extern Program is mainly offered on the Multi-Specialty Care Centers. **Please review the options below and number your top three choices, in order of preference, of the care centers on which you would prefer to work.** When complete, mail this form along with your SNEP application to Deaconess Human Resources.

NOTE: We will try to accommodate your preferences whenever possible; however, it is often difficult to match students with their preferences because of the unequal distribution of choices. In the final analysis, students must be placed where the hospital has openings and where there are available preceptors.

- | | |
|------------------------------------|---|
| _____ Unit 25/2600 | Cardiovascular Care Center |
| _____ Unit 35/3600 | Surgical Medical Care Center |
| _____ Unit 3800 | Neuro Care Center |
| _____ Unit 4100 | Cardiovascular Renal Care Center |
| _____ Unit 4500/4600 | Ortho Medical Care Center |
| _____ Unit 5100 | Oncology/Pulmonary Care Center |
| _____ Unit 5200 | Multi-Specialty Care Center |
| _____ 5 th Fl. Med/Surg | Deaconess Gateway Hospital |
| _____ 6 th Fl. Med/Surg | Joint Replacement Center/Deaconess Gateway Hospital |
| _____ 6 th Fl. Neuro | Gateway Neuroscience Unit |



Summer SNEP

Student Authorization to Release Information

I am presently seeking employment/internship/externship 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

Company or Institution _____

Nursing Instructor _____

Please use a scale of 1 to 5 (1 = Unsatisfactory, 5 = Excellent) to rate the student on the following:

- | | | |
|------------------------------|-----------------------------|-----------------------------|
| _____ 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 _____

**Please FAX this completed form to the Human Resources Department at 812-450-7484.
For questions call Katie Burnett at 812-450-2358 or 1-800-216-3311.**