**nurse Practitioner Student Application**

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| **Student Information** | | | | | | | | | | |
| Name |  | | | | | DOB |  | | Last 4 SSN | 0000 |
| Address |  | | | City |  | State |  | | Zip Code | 00000 |
| Student Email Address | |  | | | | Phone Number | |  | | |
| May I use a text messaging system to communicate with you? | | | | | | Yes  No | |  | | |
| Emergency Contact Name | | |  | | | Phone Number | |  | | |

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| **School Information** | | | | | | |
| Current School Name | |  | | Graduation Date | | Date |
| Faculty/Clinical Contact Name: | | |  | Phone Number |  | |
| Email Address |  | | | | | |

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| **General Information** | | | |
| Deaconess Employee Status | Current | Previous | NA |
| Have you completed a clinical rotation with Deaconess before? | | Yes | No |
| Have you completed *STUDENT* EPIC training before? | | Yes | No |
| Do you already have a *STUDENT* Deaconess badge? | | Yes | No |
| If “YES”, what are the first 5 digits of your badge number? | |  | 00000 |

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| **Rotation Information** | | | | | | | | | | | | | |
| Semester for Current Application | | | Fall | | | Spring | | Summer | | | Year | | 0000 |
| *\*A NEW application is needed for each semester you request clinical rotations with Deaconess\** | | | | | | | | | | | | | |
| Specialty | | Preceptor | | Location | | | Begin | | End | Hours Needed | | Preceptor Confirmed? | |
| 1 |  |  | | MT  GW  HEND | GIBSON  CP  CLINIC | | Date | | Date |  | | Yes  No | |
| 2 |  |  | | MT  GW  HEND | GIBSON  CP  CLINIC | | Date | | Date |  | | Yes  No | |
| 3 |  |  | | MT  GW  HEND | GIBSON  CP  CLINIC | | Date | | Date |  | | Yes  No | |
| 4 |  |  | | MT  GW  HEND | GIBSON  CP  CLINIC | | Date | | Date |  | | Yes  No | |
| *\*Students may contact Preceptors directly. Academic Coordinator will confirm placement with Preceptor and Practice Manager. If you do not have a preceptor, Academic Coordinator will facilitate placement.\** | | | | | | | | | | | | | |

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| **Additional Requirements** | | | | |
| Students must submit the following to [student.rotations@deaconess.com](mailto:student.rotations@deaconess.com) | | | | |
| 1. Completed Application 2. Copy of RN License | | 1. Current CV or Resume (2 page maximum) 2. Letter of Introduction | | |
| *Notification of rotation approval or denial will come from Academic Coordinator. If your rotation is approved, additional documents will be necessary to submit for credentialing. All documents must be completed and approved before any rotation may begin.* | | | | |
| Signature |  | | Date | Date |
| *By typing your name, you agree your electronic signature is the legal equivalent of your manual signature on this application.* | | | | |