2014 Nurse Residency Program Application

Applicant Name_________________________________________________________________

Graduation Date (or anticipated Graduation Date)______________________________________

Please respond to the following questions on a separate sheet of paper.

1. How did you become interested in the Nurse Residency Program at Charleston Area Medical Center?
2. What is your personal definition of nursing?
3. Who would you identify as a nursing leader or mentor that has influenced your development in nursing, and how will this influence impact you professionally?
4. Tell me about a patient from whom you have learned the most.
5. Describe your goals as you begin your nursing career. How do you see yourself contributing to nursing as a profession in 5 and 10 years?
6. Describe any leadership or other type of activities you have participated in that have contributed to your professional growth.
7. Describe an evidence-based project you would like to explore in your nursing career either from a clinical or work-related experience.
8. During the six month Nurse Residency Program you will be required to attend monthly Residency Classes & Critical Care Classes, along with required classes appropriate to your unit; as well as work a staff nurse schedule, which may include 8 & 12 hour rotating day/evening/night and holiday shifts. List the top two clinical areas/departments that you would like to work in after graduation and why.

#1. __________________________
#2___________________________

9. List your clinical experiences. This would include all clinical rotations. Please list your senior-level preceptorship first.

For each clinical experience, please include the type of experience, dates, total hours in precepted direct patient care, the name of the hospital/institution, and the name of the department or department description if the name of the department does not identify the type of department.

<table>
<thead>
<tr>
<th>Type of Experience</th>
<th>Approximate Dates</th>
<th>Total Hours</th>
<th>Name of Hospital or Institution</th>
<th>Name of Department or Department Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Preceptorship</td>
<td>November 2011</td>
<td>225 hours</td>
<td>Charleston Area Medical Center</td>
<td>Pulmonary Unit</td>
</tr>
</tbody>
</table>

10. List your “paid” clinical experiences. This would include any type of paid positions you have held in direct patient care.

<table>
<thead>
<tr>
<th>Type of Experience</th>
<th>Approximate Dates</th>
<th>Average Hours worked per week</th>
<th>Name of Hospital or Institution</th>
<th>Name of Department or Department Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Extern</td>
<td>May – July 2012</td>
<td>20 hours</td>
<td>Charleston Area Medical Center</td>
<td>Trauma Unit</td>
</tr>
</tbody>
</table>

REQUIRED: Please provide the name, email address and the telephone number of your “Current Senior Level Clinical Instructor” who we may contact as a reference for your clinical performance. This should be the same individual that is completing the required Clinical Evaluation.

Name/Title:________________________________________  Institution:________________________
Phone:____________________________________________  Email:____________________________

Please send completed forms via email to: cindy.spahr@camc.org by January 31, 2014