

NURSE EXTERN APPLICATION

First Name (Please Print) Last Name Phone (_____) _____ Email Address _____

Present Address City State Zip

Permanent Address City State Zip

College / University Expected Graduation Date GPA

Preferred Facility Holston Valley Medical Center Bristol Regional Medical Center Takoma Regional Hospital
 Lonesome Pine Hospital Hawkins County Memorial Hospital Lee Regional Medical Center
 Mountain View Regional Medical Center Hancock County Hospital No Preference
Willing to work night shift? Yes No

Preferences of Practice area *(Please rank your top three areas using numbers 1-3.)*

___ Medical / Surgical Nursing ___ Critical Care ___ Intermediate Care / Step-down Units
___ Psychiatry ___ Pediatrics ___ Labor, Delivery, Post-Partum & Nursery
___ Emergency Department ___ Oncology / Hospice ___ Operating Room
___ Recovery Room ___ Home Health ___ Orthopedics / Neuroscience
___ Neonatal Intensive Care (NICU) ___ Skilled Nursing Units ___ Cardiac Care Unit
___ Cardiac

Are you willing to accept an assignment other than one of your top three choices? Yes No

Is your CPR training current? Yes Date of expiration _____ No

Please list any experiences, skills or community activities that you think would assist us in evaluating you for the Nurse Extern Program. _____

How did you hear about the Nurse Extern Program? _____

Please state your interests in the Nurse Extern Program. _____

Please give a brief explanation of your goals and expectations for the Nurse Extern Program. _____

