

# NURSE INTERN 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

Willing to work night shift?       Yes       No

Preferred Track      **Bristol Regional Medical Center**      **Holston Valley Medical Center**

\_\_\_ Cardiovascular Track

\_\_\_ Cardiac Track

\_\_\_ Oncology Track

\_\_\_ Critical Care Track

\_\_\_ Surgical Track

\_\_\_ Medical / Surgical Track

\_\_\_ Pulmonary Track

\_\_\_ Surgical Services Track

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 Intern Program. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Nurse Intern Program? \_\_\_\_\_  
\_\_\_\_\_

Please state your interests in the Nurse Intern Program. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give a brief explanation of your goals and expectations for the Nurse Intern Program. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_