



NURSE PRACTITIONER STUDENT APPLICATION

STUDENT INFORMATION			
Name		DOB	Last 4 SSN
Address	City	State	Zip Code
Student Email Address		Phone Number	
Emergency Contact Name		Phone Number	

SCHOOL INFORMATION	
Current School Name	Graduation Date
Faculty/Clinical Contact Name	Phone Number
Email Address	

GENERAL INFORMATION			
Deaconess Employee Status	Current <input type="checkbox"/>	Previous <input type="checkbox"/>	NA <input type="checkbox"/>
Have you completed a clinical rotation with Deaconess before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you completed <i>STUDENT</i> EPIC training before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you already have a <i>STUDENT</i> Deaconess badge?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "YES", what are the first 5 digits of your badge number?			

ROTATION INFORMATION							
Semester for Current Application		Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>	Year		
<i>*A NEW application is needed for each semester you request clinical rotations with Deaconess*</i>							
Specialty	Preceptor	Location		Begin	End	Hours Needed	Preceptor Confirmed?
1		MT <input type="checkbox"/>	GIBSON <input type="checkbox"/>				Yes <input type="checkbox"/>
		GW <input type="checkbox"/>	CP <input type="checkbox"/>				No <input type="checkbox"/>
		HEND <input type="checkbox"/>	CLINIC <input type="checkbox"/>				
2		MT <input type="checkbox"/>	GIBSON <input type="checkbox"/>				Yes <input type="checkbox"/>
		GW <input type="checkbox"/>	CP <input type="checkbox"/>				No <input type="checkbox"/>
		HEND <input type="checkbox"/>	CLINIC <input type="checkbox"/>				
3		MT <input type="checkbox"/>	GIBSON <input type="checkbox"/>				Yes <input type="checkbox"/>
		GW <input type="checkbox"/>	CP <input type="checkbox"/>				No <input type="checkbox"/>
		HEND <input type="checkbox"/>	CLINIC <input type="checkbox"/>				
<i>*Students may contact Preceptors directly. Academic Coordinator will confirm all placements with Preceptor and Practice Manager. If you do not have a preceptor, Academic Coordinator can assist with placement.*</i>							

ADDITIONAL REQUIREMENTS	
Students must submit the following to student.rotations@deaconess.com	
1. Completed Application	3. Current CV or Resume (2 page max)
2. Copy of RN License	4. Letter of Introduction
<i>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.</i>	
Signature	Date
<i>By typing your name, you agree your electronic signature is the legal equivalent of your manual signature on this application.</i>	

Semester	Application Deadline
Fall (Aug-Dec)	April 30
Spring (Jan-Apr)	September 30
Summer (May-July)	January 31