

Internship Application

Student Name: _____ **Banner ID #:** _____

Address: _____

Home Phone: _____ **Alternate (Cell) Phone:** _____

Email Address: _____

I understand that I am required to attend the orientation week of May 17th – May 21st

Student Signature: _____

Place your choice of Internship dates. (1st or 2nd)

_____ May 22nd – June 11th (According to preceptor's schedule)

_____ June 12th – July 2nd (According to preceptor's schedule)

Have you ever been employed by SRMC? ___ NO or ___ YES

Start Date: _____ **End Date:** _____ **Position:** _____

Have you ever had a clinical experience at SRMC? ___ NO or ___ YES

Semester _____ **Year** _____ **Department/Floor:** _____ **Instructor:** _____

Semester _____ **Year** _____ **Department/Floor:** _____ **Instructor:** _____

Tell the department how this internship will assist you with your current and future goals.

Please type 300 words or less (no more than one page).

Instructor Reference

Student Name: _____ Banner ID#: _____

LAST

FIRST

MI

Place your choice of Internship placements by ranking. (1st, 2nd, 3rd or 4th)

CVICU _____ ICU _____ IMU _____ Telemetry _____

=====

Instructor Evaluation*. Please check the column which most clearly characterizes your appraisal of above named applicant in the clinical environment.

CATEGORY	Excellent	Good	Average
Ability to Advocate			
Ability to Assess			
Attendance/Punctuality			
Clinical Knowledge			
Compassion			
Critical Thinking Ability			
Enthusiasm			
Honesty			
Initiative			
Integrity			
Interpersonal Skills			
Maturity			
Motivation			
Personal Appearance			
Proactive Ability			
Professionalism			
Respect			
Verbal Communication			
Written Communication			

Additional Comments: _____

Are you a current/past Clinical Instructor? _____ Classroom Instructor? _____ both? _____

Instructor Signature: _____

Title: _____ Date: _____/_____/2010

*Please return this document to Meki Jacobs Graham (Internship Coordinator).

Instructor Reference

Student Name: _____ Banner ID#: _____

LAST FIRST MI

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Title: _____ Date: _____/_____/2010

*Please return this document to Meki Jacobs Graham (Internship Coordinator).