



Northwest Rural Nurse Residency

Application Idaho State University School of Nursing Office of Professional Development

PAGE 1: COMPLETED BY *Applicant*

Choose position applying for: Resident Preceptor

Personal Information: Please Print/Type

Name _____

Home Address _____

City/State/Zip _____

Day Time Phone _____ E-Mail Address _____

Social Security Number* _____ Date of Birth* _____

**The above information is necessary to access library services*

Nursing Background:

Current Employer _____

Address _____

City/State/Zip _____

Current Supervisor _____

Dates Employed at this hospital _____

Nursing License State and # _____

Please attach the following:

1. Resume including dates of employment, education and certifications
2. Letter of support from your Director of Nursing Services

Completed application and attachments are to be mailed or faxed to the below address:

Northwest Rural Nurse Residency
Idaho State University School of Nursing Office of Professional Development
921 S. 8th Ave Stop 8101
Pocatello, ID. 83221

For NWRNR office use only

Date application received: _____ Approved: ___yes ___no

PAGE 2 : COMPLETED BY the *Chief Nursing Officer*

Dear Employer,

_____ (nurse's name) is applying for a _____ (resident or preceptor) position with the Northwest Rural Nurse Residency through Idaho State University's School of Nursing. Would you please take a moment to complete this reference form on behalf of the nurse, sign/date and mail to the address on the other side of this form? Thank you.

Please rate the student on a scale of 1 - 10 (1 is low, 10 is high). Please comment on ratings less than 5 and greater than 8.

Skills	Rating
Punctuality	_____
Attendance	_____
Attitude	_____
Honest	_____
Flexibility/Collaboration	_____
Interpersonal Interaction:	_____
Instructor/Supervisor	_____
Peers/Co-Workers	_____
Patients/Families/Customer	_____
Clinical Skills/Technical Abilities	_____
Critical Thinking Ability	_____
Ability to Complete Work on Time	_____

Comments:

Signature of person completing this form:

Name Date

Contact Information:

Position _____

Address _____

City/State/Zip Code _____

Work Phone _____

Email Address _____