



**MERCY HEALTH CENTER  
HUMAN RESOURCES**  
4300 W. MEMORIAL ROAD  
OKLAHOMA CITY, OK 73120  
405-936-JOBS

# Nursing Extern Program 2009

*Start your nursing career  
at Oklahoma's first  
magnet hospital*

Mercy's Nursing Extern Program began in 1984 and is a nine-week summer schedule designed to be an extension of the nursing student's formal educational process. Students have the opportunity to take part in the continuity of patient care, as well as experience the realities of full-time employment, staffing patterns and nurse-to-patient ratios. An RN preceptor oversees the student and provides professional clinical guidance during the program. Externs experience collaborative exchange, educational opportunities and participate in supplemental learning activities. Nursing faculty is on-site throughout the program.

The program begins the Tuesday after Memorial Day and goes through the last week of July.

## **ELIGIBILITY:**

- Currently enrolled in good standing in a Registered Nursing program
- Successfully completed second semester of nursing clinicals and must be entering senior year
- Able to work 36-40 hours/week for the summer

## **TO APPLY, SUBMIT:**

- Extern application and resumé
- Recent copy of official transcript
- Letter of reference from clinical instructor
- Letter of reference from employer or past employer if not currently working (if already working at Mercy, a letter from your current supervisor is required)\*
- One-page summary stating objectives for being selected for the program
- Online application at [www.mercycareers.net](http://www.mercycareers.net)
- Applications accepted until **5 p.m. Friday, February 13.**  
**Late or incomplete applications will not be considered.**

\*Two letters are required. Please call if circumstances don't allow.

## **SUBMIT COMPLETED APPLICATION TO:**

Mercy Health Center  
Human Resources  
4300 W. Memorial Road  
Oklahoma City, OK 73120  
Phone: (405) 936-JOBS Fax: (405) 936-5484  
**[www.mercyok.net](http://www.mercyok.net)**  
*Look for designated employment parking by ER entrance.*



# EXTERN APPLICATION

All applicants will receive consideration without regard to race, color, religion, creed, sex, age, national origin, disability or veteran status.

**Applicant needs to be available Wednesday, March 4, or Friday, March 6, 2009, for Interview Days.** A back-up/alternate day may be utilized at Mercy's discretion.

## PERSONAL

Name (last, first, middle) \_\_\_\_\_ Date \_\_\_\_\_

SSN \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Alternate contact \_\_\_\_\_ Phone \_\_\_\_\_

If not a US citizen, do you have a work permit?  Yes  No If yes, please give expiration date \_\_\_\_\_

Excluding minor traffic violations, have you ever been convicted of or pled guilty to a crime, pled nolo contendere, or received a deferred sentence?  Yes  No

If yes, please describe \_\_\_\_\_

*(A conviction will not necessarily preclude you from employment.)*

## AREA OF PREFERENCE

Are you currently a Mercy co-worker?  Yes  No If yes, a job bid transfer form also needs to be completed.

Areas you would like to be placed, in order of preference. Please choose from the following areas that are typically available for externships: ICU, Surgery, Cardiac/Pulmonary/Nephrology, Oncology, Medical/Surgical, Neurology/Orthopedics/Urology, Labor and Delivery, NICU, ER, Peds/Women's Health, Acute Intermediate Med/Surg.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Shift(s) you can work:  Day  Evening  Night

Summer school? If yes, dates and times of classes \_\_\_\_\_

Have you ever worked at a Mercy facility (i.e., agency, contract, etc.)?  Yes  No

If yes, give the facility, your name, department/year \_\_\_\_\_

Are you related to any Mercy co-worker?  Yes  No

If yes, give name, relationship and facility \_\_\_\_\_

## EDUCATION

Nursing school \_\_\_\_\_ Month/Year to graduate \_\_\_\_\_ School name & location \_\_\_\_\_

Professional certifications (if you are certified in your particular field, please answer)  CPR (Exp date \_\_\_\_\_)  ACLS (Exp date \_\_\_\_\_)

Type	Certificate number (if applicable)	Original issue date	Renewal date
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## RECRUITMENT INFORMATION

Please check reason(s) for choosing to apply for Mercy's Nurse Extern Program:

Newspaper \_\_\_\_\_  Co-worker referral  Relative/friend \_\_\_\_\_  Previous co-worker

School visit \_\_\_\_\_  Reputation  Visiting family  Internet  Other \_\_\_\_\_

## WORK EXPERIENCE

List all previous employers for whom you have worked. Start with your most recent employer and work back through previous positions.

1. Present (or most recent) employer \_\_\_\_\_ Business phone \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Date started \_\_\_\_\_ Date ended \_\_\_\_\_ Supervisor \_\_\_\_\_ Ending salary \_\_\_\_\_

Title and duties \_\_\_\_\_  FT  PT  Other \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Your name while employed \_\_\_\_\_

May we contact your current employer?  Yes  No

2. Employer \_\_\_\_\_ Business phone \_\_\_\_\_

Street address, City, State, Zip \_\_\_\_\_

Date started \_\_\_\_\_ Date ended \_\_\_\_\_ Supervisor \_\_\_\_\_ Ending salary \_\_\_\_\_

Title and duties \_\_\_\_\_  FT  PT  Other \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Your name while employed \_\_\_\_\_

3. Employer \_\_\_\_\_ Business phone \_\_\_\_\_

Street address, City, State, Zip \_\_\_\_\_

Date started \_\_\_\_\_ Date ended \_\_\_\_\_ Supervisor \_\_\_\_\_ Ending salary \_\_\_\_\_

Title and duties \_\_\_\_\_  FT  PT  Other \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Your name while employed \_\_\_\_\_

# BACKGROUND AND POLICE CHECK CONSENT

PLEASE PRINT

<b>Last name</b>	<b>First name</b>	<b>Middle name</b>
<b>Other names used</b>		
<b>Date of birth</b>	<b>Social Security number</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Race or ethnic group</b> <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Two or more races		
Have you lived <b>outside</b> the state of Oklahoma in the last five years? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, please complete the following:</b>	<b>Primary state</b> _____	
	<b>Under what name?</b> _____	
	<b>Primary county</b> _____	
	<b>Year(s) From</b> _____ <b>to</b> _____	

**I certify that all statements made in this application are true and complete to the best of my knowledge. I also understand that any false statements or omissions in this application will result in my application being rejected or my employment terminated. I do hereby authorize any and all investigations deemed necessary by the hospital to verify the information contained herein and release Mercy from any/all liability resulting from such investigation. I understand that Mercy will not inform me of the details of any references received from previous employers.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Nurse Extern Program Agreement

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### Upon application to the Nurse Extern Program, I understand:

- ✓ **Area of preference** is considered during the application process. All efforts will be made to accommodate preference during the application process; however, due to limited availability of positions, first choice will not be guaranteed. Upon acceptance to the program, you will be informed of selected placement.
- ✓ **Interview Days** will be on **Wednesday, March 4, and Friday, March 6, 2009.** All extern candidates should be available on one of these two dates for interviews. Applicant will be called if selected for an interview. An alternate date may be utilized at MHC's discretion.
- ✓ If there are plans to attend **summer school**, applicants should make every effort to work around the shift they are assigned. The full-time work requirement must continue to be met. Efforts should be made to request a shift that will not conflict with the summer school schedule. Class schedules of selected externs taking summer school should be turned in no later than May 15, 2009, to allow for work schedule planning.
- ✓ Externs are required to follow the same **schedule** as their assigned preceptor, including weekends and holidays. A schedule of 36-40 hours must be worked and they **may not receive overtime pay.**
- ✓ Externs are required to attend scheduled **educational offerings** and **collaborative exchange**. In collaborative exchange, externs are encouraged to share their experience with the group, both positive and negative.
- ✓ **Upon completion of the Extern Program**, an additional opportunity of continued employment as an Advanced Nurse Tech is available for application.
- ✓ Externs are expected to comply with all policies and procedures of MHC.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

