The Summer Program is designed to provide exposure to a variety of nursing areas through direct observation of the Registered Nurse. This program is available to nursing students entering their final pre-licensure year. The experience achieved through this program helps improve critical thinking skills and determine specialty preferences. Highlights include 1:1 dedicated time with RN's, educational programs and specialty tract options. Unit-based placement is provided following successful program completion. This competitive program has a limited number of positions available.

**PROGRAM HIGHLIGHTS:**
- Eight-week summer program beginning in May
- Three, 12-hour shifts per week
- Specialty tracts with rotations through a variety of nursing areas
- 1:1 dedicated time with RN
- Weekly educational offerings
- Competitive pay

**PROGRAM REQUIREMENTS:**
- Currently enrolled and in good standing in an accredited school of nursing
- Entering final pre-licensure year of nursing school
- Complete online application
- Complete application packet (emailed to applicant following online application)
- Proof of CPR and immunizations upon acceptance into the program
- Signed Statement of Understanding upon acceptance into the program
- GPA 2.5/4.0

**SUBMIT COMPLETE PACKET IN FOLDER BY FEBRUARY 1:**
- Summer Program Preference Form
- Official Transcript
- Resume
- Two faculty verification forms
- Employment Application
  - If currently employed within St. Mary’s Health System, please apply through the Ascension Health Portal.
  - Additional information provided via email once packet is reviewed

Submit complete packet to the following address:

Nursing Excellence
St. Mary’s Medical Center
3700 Washington Avenue
Evansville, IN 47750

*Incomplete applications will not be accepted.*

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Name ____________________________________________________________________________________________________

Address ____________________________________________________________________________________________________

City__________________________ State______________ Zip ________________

Contact Phone _______________________________________________________________________________________________

Email _______________________________________________________________________________________________________

School ______________________________________________________________________________________________________

Graduation Date__________________________ GPA ________________

☐ Official Transcript
☐ Resume
☐ 2 Faculty Verification Forms

SPECIAL ROTATION PREFERENCE:

☐ Women/Children Services (NICU, Pediatrics, PICU, Labor & Delivery, Mother/Baby/Lactation)
☐ Critical Care Services (ICU, CVICU, STICU, ICU Stepdown)
☐ Medical Surgical Services (Oncology, Ortho/Neuro, Renal/Diabetic, Respiratory, Post-Surgical)
☐ Perioperative Services (PACU, Same Day Surgery, Operating Room)

SUBMIT COMPLETED PACKET IN FOLDER TO THE FOLLOWING ADDRESS BY FEBRUARY 1st FOR CONSIDERATION.

INCOMPLETE PACKETS WILL NOT BE ACCEPTED.

Nursing Excellence
St. Mary’s Medical Center
3700 Washington Avenue
Evansville, IN 47750
Faculty Verification Form

Student Name ____________________________________________

School_________________________________________________________ Expected Graduation Date ________________

I understand that my signature authorizes the release of the requested information

The following instructor signature verifies that the student is in good standing and has completed at least one semester of clinical rotations. In addition, I verify that the above student has successfully completed an Introduction to Nursing course. All basic skills have been verified by an instructor and are on record at the above listed school.

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<th></th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Above Average</th>
<th>Excellent</th>
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<tbody>
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<td>Communication Skills/ Techniques</td>
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<tr>
<td>Professional Appearance &amp; Attendance</td>
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<td>Effectiveness of Team Relationships</td>
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<td>Initiative to Learn</td>
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<td>Quality of Clinical Care</td>
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<td>Critical Thinking</td>
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<td>Demonstrates Interest in Caring for Patient</td>
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REMARKS/COMMENTS:
(Please note specific strong/weak points and any major accomplishments)

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

Would you recommend this student for participation in St. Mary's Programs?   Yes ❑   No ❑

Instructor Signature____________________________________________________________  Date____________

Name___________________________________________________________  Contact Number ____________________

Form may be emailed to:
Michelle.Hamblin@stmarys.org
or returned to student in sealed envelope.

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