

HUNTER COLLEGE OF THE CITY UNIVERSITY OF NEW YORK
MASTER OF SCIENCE IN NURSING PROGRAM

Application for Practicum

Fall_____ Spring_____

Course Number and Title_____EMAIL_____

NAME _____ HOME PHONE: () _____

ADDRESS: _____ WORK PHONE: () _____

PRESENT POSITION: _____ AGENCY _____

DOCUMENTS TO BE SUBMITTED TO THE CLINICAL COORDINATOR BEFORE THE 1ST DAY OF CLASS FOR 1ST AND 3RD CLINICAL COURSE. PLEASE CHECK EXPIRATION DATES.

1. Personal Medical Record Information
2. Health History and Physical
3. Immunization, Titers Record including influenza and H1N1 vaccines
4. Health Insurance (copy of card)
5. BCLS Certification
6. Malpractice Insurance (\$1,000,000/\$3,000,000 Minimum Requirement)
7. New York State RN License and Current Registration
8. Additional Requirements of Affiliating Agencies
9. HIPPA Certificate of Completion and Background Check (per agency requirement)

SPECIALIZATION:

AREA OF CONCENTRATION/POPULATION OF INTEREST:

Adult Health Nursing/CNS	_____	HIV/AIDS Subspecialty_____
Psychiatric Nurse Practitioner	_____	Other: _____
Nursing Administration (MSN/MPA)	_____	_____
Gerontological/Adult NP	_____	_____
Adv. Cert. (Nurs Ed.)	_____	
Adult Nurse Practitioner	_____	
Community Health Nsg.	_____	
MSN/MPH dual degree	_____	
Adv. Cert. (Psychiatric)	_____	
Clinical Nurse Leader™ (CNL)	_____	

SUMMARY OF NURSING EXPERIENCE AFTER BASIC PREPARATION :

Position: _____ Institution: _____ Dates: _____

Describe your restrictions in respect to days and hours available for clinical practicum, keeping in mind that you will need to maintain some flexibility.

What specific goals, skills and/or foci would you like to accomplish through this practicum? (Use reverse side to describe as needed).

