



## Nationally Accredited Post Baccalaureate Nurse Residency Program Supplemental Application

**Applicant Name:** \_\_\_\_\_

**BSN Graduation Date (or anticipated Graduation Date):** \_\_\_\_\_

*Only applicants who would have graduated less than six months from the start of the Residency Program will be considered.*

Please respond to the following questions on a separate sheet.

1. How did you become interested in the Graduate Nurse Residency Program at the University of Colorado Hospital?
2. What is your personal definition of nursing?
3. Who would you identify as a nursing leader or mentor that has influenced your development in nursing, and how will this influence impact you professionally?
4. Tell me about a patient from whom you have learned the most.
5. Describe your goals as you begin your professional nursing career. How do you see yourself contributing to nursing as a profession in 5 and 10 years?
6. Describe any leadership or other type of activities you have participated in that have contributed to your professional growth.
7. Describe an evidence-based project you would like to explore in your nursing career either from a clinical or work-related experience.
8. During the one year Nurse Residency Program you will be required to attend monthly Residency Classes, Clinical Specialty Classes and work a staff nurse schedule, which may include 12-hour rotating day/night/weekend and holiday shifts. You will also be required to sign a contract state your commitment to work for one full year *following* the one-year Nurse Residency Program. You will be expected to fulfill this commitment on the unit in which you are hired. Is there any reason you would not be able to fulfill this 2 year commitment?
9. List the top two clinical areas/departments that you would like to work in after graduation and why. Please refer to the website for the list of current openings when answering this question.
  - #1
  - #2

*Most departments will only consider candidates who have listed their unit as a 'top choice' above.*
10. List your "unpaid" clinical experiences. This would include all clinical rotations and unpaid externships or internships. Please list your senior-level elective/preceptorship first.

For each clinical experience, please include the type of experience, dates, total hours in precepted direct patient care, the name of the hospital/institution, and the name of department or department description *if the name of the department does not identify the type of department.*

**Example:**

Type of Experience	Approximate Dates	Total hours	Name of Hospital and/or Institution	Name of Department or Department Description
Senior Preceptorship	November 2010	225 hours	University of Colorado Hospital	Pulmonary Unit

11. List your "paid" clinical experiences, if applicable. This would include any paid positions you have held in direct patient care.

For each clinical experience, please include the type of experience, dates, average hours worked per work, the name of the hospital/institution, and the name of department or department description *if the name of the department does not identify the type of department.*

**Example:**

Type of Experience	Approximate Dates	Average hours worked per week	Name of Hospital and/or Institution	Name of Department or Department Description
Nurse Intern	May – July 2010	20 hours	University of Colorado Hospital	Transplant Unit

**REQUIRED:** Please provide the name, email address and telephone number of your "Current Senior Level Clinical Instructor" who we may contact as a reference for your clinical performance. *This should be the same individual who is completing the required Clinical Evaluation.*

Name/Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_