



NP Extern Initial Application--Requirements for NP Externs

Thank you for your interest in Hancock Health. Please confirm with your program director that there is an affiliation agreement or preceptor contract on file with Hancock Physician Network (HPN).

In order to be considered for NP Extern selection, all documentation from numbers 1, 2 & 3 must be supplied to the NP Coordinator **during** the open application period (March 1-May 1 of EVEN years). Applications received outside of open period will not be considered.

After applicants are selected to interview, they will be required to complete numbers 3 and 4 to remain eligible for selection.

1. A ONE-PAGE LETTER DESCRIBING COVERING THE FOLLOWING INFORMATION:
 - A. LICENSURE GOAL (FNP, ANP, WHNP, ETC)
 - B. WHY HANCOCK PHYSICIAN NETWORK WAS CHOSEN FOR STUDENT ROTATIONS
 - C. WHY YOU WANT TO BE AN NP AND IN WHAT AREA YOU'D LIKE TO PRACTICE AFTER GRADUATION.
 - D. ESTIMATED DATES OF BOTH CLINICAL START AND COMPLETION**
 - E. NAME AND CONTACT INFORMATION OF NP PROGRAM SUPERVISOR OR DIRECTOR.
2. COMPLETED NP STUDENT PROFILE (ATTACHED)
3. CURRENT CV OR RESUME

(Numbers 4 and 5 will be completed if asked to do so after application period.)

4. Sign and Return:
 - a. *Confirmation of Non-Associate Handbook*
 - b. *Confidentiality Statement: Confirmation of HIPAA material review*
5. Attach copies of the following:
 - a. *Current Driver's License*
 - b. *Social Security Card or Birth Certificate*
 - c. *Current Immunizations, including PPD within the last year*
 - d. *Copy of Certificate of Liability Insurance from your school of nursing*



NP Student Profile

Student Name: _____

Address: _____

Telephone: _____ Email: _____

Personal / Social

Date of Birth _____ Gender _____

Emergency Contact Name: _____ Phone: _____

Relationship: _____

Do you have any physical/medical limitations or medical problems which the Hancock Physician Network should be aware? N _____ Y _____ If Yes, please specify:

Education

MSN School: _____

Current Degree Program: _____

School Contact: _____ Phone: _____ Email: _____

Hours Needed to fulfill clinical experience requirements: (Include acceptable practice types)

Dates Needed: _____ Area/# of Hours: _____

Dates Needed: _____ Area/# of Hours: _____

Dates Needed: _____ Area/# of Hours: _____

Dates Needed: _____ Area/# of Hours: _____

Dates Needed: _____ Area/# of Hours: _____

Other (specify): _____ *Total Hours Needed:* _____

Previous RN Experience(s) # Years as RN _____

NP Practice Area Interests upon Graduation and Certification

