



*Improving outcomes through education, research & evidence-based practice.*

## Nurse Externship Program Application

**Will you now or in the future require INTEGRIS to commence (“sponsor”) an immigration case in order to employ you (for example, H-1B or other employment-based immigration case)? This is sometimes called “sponsorship” for an employment-based visa status.**  Yes  No

### The Most Challenging Healing™ The Most Dedicated People

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ SSN: \_\_\_\_\_

**Are you currently employed with INTEGRIS Health: Yes \_\_\_ No \_\_\_**

**If yes:**

Title: \_\_\_\_\_ Employee I.D.: \_\_\_\_\_

INTEGRIS Campus: \_\_\_\_\_ Department: \_\_\_\_\_

Department Supervisor/Manager: \_\_\_\_\_ Department Telephone Number: \_\_\_\_\_

**Not currently employed by INTEGRIS Health:**

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

*If you are not currently employed with INTEGRIS Health, are you related to an INTEGRIS Health employee? Yes \_\_\_ No \_\_\_*

If YES, state employee name and relationship to you: \_\_\_\_\_

**College Enrollment Information:**

College Name: \_\_\_\_\_ Current Cumulative GPA: \_\_\_\_\_

Expected Graduation Date from the RN program: \_\_\_\_\_

All 2021 Nurse Extern program application packages must be received by Friday, February 5<sup>th</sup>, 2021. The application package must include the following.

- One (1) completed application
- Unopened official college transcripts from all colleges; transcripts must have Fall 2019 grades posted (**may submit 1 official transcript if other colleges have transferred over to current college**)
- Three (3) completed, signed references (use the form provided); each reference must be in a sealed envelope
- **For current INTEGRIS employees, one (1) of the three (3) required references must be from your clinical director/supervisor**

**Mail application to:**

INTEGRIS Health  
Nurse Extern Coordinator -CEPD  
3400 NW Expressway  
Building C; Suite 602  
Oklahoma City, OK 73112



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# Personal Reference Form

**The Most Challenging Healing™**  
**The Most Dedicated People**

Please submit a total of three (3) references

My acquaintance with (name of applicant) \_\_\_\_\_ has been as

Employer Supervisor/Manager/Director

Instructor/Teacher

School Advisor

How long have you known this applicant? \_\_\_\_\_

Applicant rating: Check the column of the term that is most applicable:

	Outstanding	Above Average	Average	Below Average	Do Not Know
Clinical Skill and Ability					
Judgment and Common Sense					
Compassion and Concern for Others					
Teamwork					
Initiative					
Critical Thinking					
Sense of Commitment and Responsibility					
Interpersonal Skills					

What qualities or characteristics does the applicant have that you believe would contribute to his/her success as a Nurse Extern?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What qualities or characteristics does the applicant have that you believe might interfere with his or her success as a Nurse Extern?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*INTEGRIS Director/Supervisors ONLY:** As the applicant's director/supervisor, I declare that he or she is currently in good standing and has not had any disciplinary action within the last 12 months at INTEGRIS Health.

Initial here: \_\_\_\_\_