Northwest Hospital Nurse Residency Program

*Application*

Thank you for your interest in our Nurse Residency program for new graduates! Applications and supplemental information for the Nurse Residency program are required for all new nursing graduates interested in employment at Northwest Hospital (NWH). **Please note:** Participation in the residency program and employment at NWH is contingent upon successful completion of the nursing state board examination.

Please submit the following required information at your earliest convenience, but no later than **February 10, 2017** by mail, email, or fax to:

**Dayon Nelson, RN MSN ONC**
Nurse Orientation Coordinator
Graduate Nurse Internship Program
Education Resource Center (ERC)
Lifebridge Health
2401 W. Belvedere Avenue
Baltimore, MD 21215
Phone (410) 601-6197
Fax (410) 601-8116
Danelson@lifebridgehealth.org

**REQUIREMENTS FOR ALL CANDIDATES:**

- Accompanying application form
- College transcripts, official or unofficial
- Essay
- Two letters of recommendation (using form provided)
  - At least one from most recent clinical nursing instructor
  - At least one from current employer, if applicable
APPLICANT INFORMATION

Name: ____________________________________________

RN License Number: __________ State: ______

LifeBridge Health Employee?: □ No □ Yes, please complete following:

Years of Employment: _____ Department/Unit: _________________________

Position: ________________ Current Supervisor/Phone#: _____________

Home Address: _______________________________________________________

City: __________________________ State: ______ Zip Code: ___________

Phone: ____________________________ □ Home □ Cell

Email: ____________________________ □ Home □ Work

EDUCATION AND EXPERIENCE

RN Degree: □ AA □ BSN □ MSN □ Other: _________________________

College/University: ________________________________

Date of Graduation: ________________________________

Non-Nursing Degree: ________________________________

College/University: ________________________________

Date of Graduation: ________________________________

UNIT/AREA OF INTEREST

Select the area(s) for which you are applying, please rank your top 3:

□ GeriResp □ Heart Care □ ICU □ IMC

□ SubAcute □ SurgOrtho □ Emergency Dept □ Perioperative Services

□ Behavioral Health

*NOTE: Please indicate order of preference if selecting more than one area. Accepted applicants may be offered positions in areas outside of their preference based on organizational need and/or fit.
Why do you want to be a Nurse Resident in your identified area(s) of interest? What do you hope to contribute to your patients and your peers by participating in this program?