



Nurse Residency Program Supplemental Application

Please complete this entire supplemental packet and save it to your computer. Once you have completed this packet, you are ready to submit your on-line application for the Nurse Residency Program at www.uwhealth.org/careers. Upload your completed supplemental application packet, goal statement, unofficial transcripts and resume into your on-line application prior to submitting. It is the applicant's responsibility to ensure that all applications materials are received by the deadline. Incomplete applications will not be considered. Completed applications include:

Apply online at www.uwhealth.org/careers (search for Nurse Residency positions only) and upload/attach the following documents into online application:

1. Resume
2. Supplemental Application Packet
3. Goal Statement – In a separate Word document, type a letter delineating specific goals for your professional development, which should include your motivation for applying to this program.
4. Current Unofficial Transcripts - must have a 3.0 or higher GPA

For additional information on each unit, please see the attached unit descriptions at www.uwhealth.org/nursesresidency

Applications for 2019 open on **August 1, 2018**

Winter 2019 Program – (August – December 2018 graduates)

Application materials received by **October 15, 2018** will receive primary consideration for selection into the Winter 2019 Nurse Residency Program.

Applications received after October 15, 2018 will be reviewed for admission based on continued program openings.

Summer 2019 Program – (April – May 2019 graduates)

Application materials received by **December 1, 2018** will receive primary consideration for selection into the Summer 2019 Nurse Residency Program.

Applications received after December 1, 2018 will be reviewed for admission based on continued program openings.

Contact / General Information

Name:		
Phone:	Email:	
Nursing School:	<input type="checkbox"/> Traditional:	<input type="checkbox"/> 1 st Degree
	<input type="checkbox"/> Accelerated:	<input type="checkbox"/> 2 nd Degree
Date of Graduation:	Nursing GPA:	
Are you a <u>current</u> employee of UWHC?	Position:	
Unit/Department:	Employee ID #:	
Are you a <u>previous</u> employee of UWHC?	Position:	
Unit/Department:	Dates Employed from?	To:
Other Health Care Experience <input type="checkbox"/> Intern/Extern <input type="checkbox"/> CNA <input type="checkbox"/> SNA <input type="checkbox"/> Other, specify:		

Clinical Interest Inventory

The following information will help us to match your interests with our needs. It will be used to determine placement for those accepted into the program. While we take your interests into consideration, it is not a guarantee of specific placement. Indicate your interest level in each of the units below according to the ranking system. For additional information on each unit, please visit www.uwhealth.org/nurseresidency.

Units	Strong Interest	Interest	No Interest
Critical Care			
Trauma Life Support Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burn Intensive Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurosciences ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac Medical ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart and Vascular			
Heart and Vascular Progressive Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiothoracic Surgery and Transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical			
Acute Medical Progressive Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Internal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Practice and Forensics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Research Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			
Hematology/ Oncology/ Bone Marrow Transplant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical, Surgical and Short Stay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics			
Pediatrics: Hematology/Oncology, Neurology, ENT, and Plastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics: General Medical Surgical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatal ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatrics: Universal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Surgical Inpatient			
General Surgery and Bariatric Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma and Surgical IMC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gynecology/Urology/Plastics/ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transplant Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurosciences General Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Surgical Services			
Operating Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Anesthesia Care Unit- Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Anesthesia Care Unit- Pediatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Room - Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The American Center			
Operating Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre/Post-Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Surgical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>