# Sheridan Memorial Hospital Nurse Residency Program

**"We are so incredibly fortunate to have a nurse residency program because it allowed us to build confidence, skill, and teamwork during our first six months as a brand new nurse. It was truly a privilege to be a part of a program where your coworkers selflessly dedicated their time towards making you the nurse you want to be."**

**—Christin Roberts, RN (2015 Cohort)**

**Sheridan Memorial Hospital Nurse Resident**

The Sheridan Memorial Hospital Nurse Residency Program is a full-time benefited position employing 36-40 hours of work per week. The Residency is an 18-24 week transition to practice program designed for nursing graduates and/or Registered Nurses (RN) with less than one year of acute-care nursing experience.

**Eligibility**

- Graduate Nurse
- Registered Nurse with less than one year acute-care nursing experience at time of application

**Application**

- Accepting application packets: October 30th, 2017.
- Deadline: December 11, 2017 at 3p.m. MST

**Please Note:** The application packet paperwork must be sent as a complete packet. Packets must be mailed or hand delivered to: Sheridan Memorial Hospital
Attn: Charlotte Mather
1401 W 5th St
Sheridan, WY 82801

If you have questions, please email: charlottemather@sheridanhospital.org OR kaylarodrigues@sheridanhospital.org

**Interviews**

- Early January (TBA)

**Start Date**

- July 2017 (TBA)
  We will perform background checks and drug screens prior to employment. Please be prepared to provide required information and/or documentation. A copy of your nursing school diploma is required for background documentation prior to employment.

## REQUIREMENTS FOR ALL CANDIDATES:

### Application Requirements

- Completed application packet checklist form.
- Place contents of the packet in order as outlined on the checklist form.
- A **professional resume** should include:
    - Anticipated date of graduation
    - GPA – Overall GPA accompanied by ***official transcript***
    - Employment history – organization, dates, job titles, responsibilities
    - Leadership roles in work, school or service organization; honors & awards
    - Academic clinical experiences - institution name, unit, dates and brief descriptions of care provided and competencies performed
- A **letter of intent** including:
    - Your career goals and how you feel this program would allow you to meet these goals.
    - Why you are interested in the Sheridan Memorial Hospital Residency Program.
    - Indicate how you demonstrate/support a *culture of kindness.*
    - Indicate your clinical area of interest.
    - What ties you to and/or why are you committed to the Sheridan community.
- Two **reference forms** are required (letters of reference will ONLY be accepted using the reference forms supplied within the application packet). These completed forms are required to be from nursing clinical faculty, who can address your performance in the clinical setting (preceptors would not be listed as clinical faculty unless employed with your nursing program).
- Selected candidates will participate in an interview with Clinical Nurse Educators and Nurse Managers. These interviews will be scheduled by the nursing department and will conclude 4-6 weeks after the application period.

### Program Requirements

- There is a commitment of at least **eighteen months of employment** after completion of the Nurse Residency Program (NRP).
- Full-time hours (36-40 hours per week) are required.
- The NCLEX examination should be scheduled at the earliest possible date. Nurse Residents will be required to provide their NCLEX exam date, when known, prior to the start of the program. All Nurse Residents are STRONGLY encouraged to take the NCLEX prior to beginning the residency program. Those who have not scheduled the NCLEX prior to the program start date will need to complete the exam within 30 days of the program start date. Any exceptions to this must be approved by the NRP leaders and must provide a written update of their NCLEX exam status prior to the start date.
- All graduation requirements must be met prior to the start date of the nurse residency program.


| | | |
|---|---|---|
| **Name:** | | |
| **Preferred First Name:** | | |
| **Please Check (✓)** | **Place the Returned Application Packet in the following order:** | |
| ❒ | 1. | ***This checklist form*** |
| ❒ | 2. | ***Volunteer Experience Form*** |
| ❒ | 3. | ***Work History Form*** |
| ❒ | 4. | ***Resume*** *(Include phone number, e-mail address, permanent address)* |
| ❒ | 5. | ***Letter of Intent*** *Address to: Sheridan Memorial Hospital Nurse Residency Committee (This will take the place of a cover letter)* |
| ❒ | 6 | ***Official Grade Transcript, listing the cumulative GPA*** |
| ❒ | 7. | ***Two completed Clinical Faculty Reference Forms*** *Please print on two sheets for each reference instead of using front and back of a single sheet of paper. Preceptors will not be considered clinical faculty unless employed by the nursing program.* |
| ❒ | 8. | ***Proof of licensure/eligibility to take NCLEX****(for the RN or recent graduate);* ***(or) Intent to Graduate Form*** *(for the soon-to-be graduate).* |

**We will NOT accept the following:**

- **Application packet paperwork turned in as separate documents**
- **Paperwork via fax**
- **Paperwork via e-mail**

## Volunteer Experience:

- *Please list and describe any previous volunteer experience in a hospital or clinic setting.*
- *For each volunteer experience, please list the dates and number of hours volunteered in the last 6 months. (If total number of hours are not known, please indicate whether total volunteer hours completed were less than or greater than 24 hours).*

| **Name of hospital/ clinic/organization; and the title/role held while volunteering.** **(Include contact person/phone #)** | **Dates of volunteer experience** | **Total number of volunteer hours completed (if unknown, please indicate: <24 hrs experience in past 6 months OR >24 hrs experience in past 6 months** |
|---|---|---|
| | | |
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## Work History:

- *Please list and describe any previous work experience within the last 6 months.*
- *For each work experience, please list the dates employed and (✓) number of hours worked in the last 6 months.*

| **Name of employer and the title held while employed (include healthcare & non-healthcare)** | **Dates of experience** | **(✓) Less than 144 hrs worked in last 6 months** | **(✓) 144 hrs to 600 hrs worked in last 6 months** | **(✓) Over 600 hrs worked in last 6 months** |
|---|---|---|---|---|
| | | | | |
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## Sheridan Memorial Hospital Nurse Residency Program
## Clinical Faculty Recommendation Form

Dear Colleague:

_____ has applied for employment in the Sheridan Memorial Hospital Nurse Residency Program. Please use the following 1-5 rating scale and **CIRCLE** the response that represents your true opinion. Please respond to every item.

**5 = consistently exceeds expectations**
**4 = occasionally exceeds expectations**
**3 = acceptable performance, meets expectations**
**2 = inconsistent performance/does not consistently meet expectations**
**1 = unacceptable performance**
**n/a = not observed or no knowledge**

**General Key Functions:**

| | | | | | | |
|---|---|---|---|---|---|---|
| Initiative/Motivation | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Professional Appearance | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Punctuality/Attendance | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Team Player | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Demonstrates professional behavior (confidentiality, etc.) | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Self-motivation | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Practice of family-centered care | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Verbal/Written communication skill | **5** | **4** | **3** | **2** | **1** | **n/a** |

**Clinical Key Functions:**

| | | | | | | |
|---|---|---|---|---|---|---|
| Knowledge of basic nursing/clinical skills and procedures | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Critical thinking | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Prioritization of patient care and time management | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Planning and managing care | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Problem solving | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Communication with patients/families | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Communication with healthcare team members | **5** | **4** | **3** | **2** | **1** | **n/a** |

****Please continue on 2nd Page****

Please provide a detailed summary of why you recommend this student for the Sheridan Memorial Hospital Residency Program. The summary should include reference to the following:

- Professionalism
- Critical Thinking
- Attitude / Motivation
- Potential for professional growth

_____ _____

Signature of Clinical Faculty/Colleague Completing Form Printed Name

## Nursing Faculty Reference Return

Please add additional letter if more space is needed. **Form is required for packet return.**

- Please place this reference in a school-embossed envelope.
- Sign the back of the envelope over the seal enclosure of the envelope.
- Return to the residency applicant.
- The residency applicant will submit the reference to our office.

**Please be assured that this information will remain confidential. THANK YOU for your assistance in our Sheridan Memorial Hospital NRP selection process.

**Sincerely,**
**Sheridan Memorial Hospital Nurse Residency Program Committee**

## Sheridan Memorial Hospital Nurse Residency Program
## Clinical Faculty Recommendation Form

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**General Key Functions:**

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|---|---|---|---|---|---|---|
| Initiative/Motivation | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Professional Appearance | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Punctuality/Attendance | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Team Player | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Demonstrates professional behavior (confidentiality, etc.) | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Self-motivation | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Practice of family-centered care | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Verbal/Written communication skill | **5** | **4** | **3** | **2** | **1** | **n/a** |

**Clinical Key Functions:**

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| Problem solving | **5** | **4** | **3** | **2** | **1** | **n/a** |
| Communication with patients/families | **5** | **4** | **3** | **2** | **1** | **n/a** |
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****Please continue on 2nd Page****

Please provide a detailed summary of why you recommend this student for the Sheridan Memorial Hospital Residency Program. The summary should include reference to the following:

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**Sincerely,**
**Sheridan Memorial Hospital Nurse Residency Program Committee**

## Undergraduate Student Intent to Graduate Form

This form should be completed at the time of registration for the last term/semester of your nursing school program. Please include this with the application packet for review.

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**PERSONAL INFORMATION**

Last Name:_____First Name:_____ Middle Initial:____

Telephone:_____ Email address:_____

Street or PO Box:_____

City:_____ State:_____ Zip Code:_____

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**Anticipated degree earned (Please print):**_____

**Nursing major advisor's name (Please print):**_____

**Expected semester of graduation based on program of study: Term:_____ Year:_____**

***Students must be enrolled in the term they are graduating.***

Student Signature:_____ Date:_____