

UNIVERSITY OF SAN FRANCISCO
Professional Role Development New Nurse Resident Program in Non-Traditional
Home Health Care Settings
Application Directions

Application Information

This application is for the spring 2012 Home Health Care New RN Transition Program, March 2012 – July 2012.
Directions:

1. Complete this application typed, single spaced, and submit with the following documentation
 - Professional resume with education (include GPA for Nursing Major), work, and any healthcare or community related volunteer experience. List separately your clinical rotations with locations, and number of hours.
 - Describe what Home Health Care Nursing means to you. List 3 short-term goals you would like to obtain working in the home health care setting for your professional role development during the program. Describe one learning outcome that you will achieve from working in the home health care setting. State any restrictions on your participation such as work schedule conflicts, transportation, lack of health insurance coverage, etc.
 - Copy of your RN license, both sides; CPR card, and if applicable, Public Health Nurse Certificate.
 - Describe your efforts to obtain RN employment since graduation. Include response of employer.
 - List any other degrees outside of nursing.
2. If accepted, you must submit by specified deadline, documentation of all pre-clinical requirements for clinical facility / agency providing the clinical experience e.g. BLS-HCP, proof of malpractice insurance (provided through program), immunizations, PPD / chest x-ray and any other site specific requirements for work. You will also be required to submit a \$100 non-refundable processing fee made out to The University of San Francisco.
3. No tuition will be charged for participation in the program. The program does not provide paid positions to the new RN Resident but those who complete the program as outlined in their contract will receive a \$1,000 stipend for successful completion of the program.
4. Admission is for this course/program only, and not indicative of future admission to The University of San Francisco Program.

Application:

- **Application must be received at University of San Francisco School of Nursing by 5 PM, Friday, February 24, 2012 by fax, email or standard mail delivery; No Exceptions.**
- Download the application form and follow application directions.

UNIVERSITY OF SAN FRANCISCO

Professional Role Development New Nurse Resident Program in Non-Traditional Home Health Care Settings Application Form

Please type or print clearly.

Date: _____

Male

Female

Name: _____

Residence: _____

Street Address

Social Security Number

City

State

Zip Code

Email: _____

Home Phone () _____ Cell Phone () _____

Please identify best number to contact you.

Date of Birth: _____ Country of Birth: _____

Are you a citizen or permanent resident of the U.S.? Yes No If not, which country _____

If not, do you have authorization to work in the U.S.? Yes No

Language spoken other than English: _____

Proficiency of foreign language spoken:

Beginner _____ Intermediate _____ Advance _____

Level of proficiency is important as some agencies require you to speak another language to serve their client population's language needs.

RN License #: _____ Expires _____

CPR Provider _____ Expires _____

Degree Obtained: _____ School Graduated From & Date: _____

GPA in Nursing: _____ Cumulative GPA: _____

Clinical area/ Agency where final Synthesis/Preceptorship was completed _____

Have you applied or attended any other New Nurse Transition Program (Samuel Merritt, CSUEB, SJSU)?

Yes ___ No ___ If so which one _____

If so date attended _____ Did you complete the program? Yes ___ No ___ Date of completion _____

If you did not complete the program please provide an explanation. _____

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Professional Role Development New Nurse Resident Program in Non-Traditional Home Health Care Settings Application Form

I have arranged for my own preceptorship at the following home health / hospice agency:

contact person phone / email _____

On a separate piece of paper, answer the following and attach your responses to this application:

- Describe what Home Health Care Nursing means to you. List 3 short-term goals you would like to obtain working in home health care for your professional role development during the program. Describe one learning outcome that you will achieve from working in the home health care setting.
- List all restrictions to your participation (limited transportation, limited hours related to work or family commitments, lack health insurance coverage to obtain physical exam or immunizations)

I certify that my statements are true and complete to the best of my knowledge. I understand that any misrepresentation or omission may be considered sufficient reason for refusal of this application.

Signature: _____ Date: _____

Print and complete application.

Return application and supporting documents to:

University of San Francisco, School of Nursing and Health Professions, Attn: Jessie Bell New RN Transition Program

Spring 2012, 2130 Fulton St., San Francisco, CA 94117-1080

Email: ljonesbell@usfca.edu, Fax: (415) 422-5618