



RN Residency Information Form

Name: _____

Address: _____

Telephone: () _____ E-mail address: _____

College/University: _____

Degree Earned: _____ (Expected) Graduation Date: _____

Current Employee of Children's Hospitals and Clinics of MN? Yes No Position: _____

Have you previously been an employed at Children's? Yes No Position: _____

Campus of Interest: St. Paul Campus Minneapolis Campus Either Campus

Main area of interest: General pediatrics (medical, surgical, hem/onc)
(Please check only one) Pediatric Critical Care / Emergency Care
 Neonatal Care
 Surgical Services / Operating Room
 Undecided

Graduate nurses will transition from the academia to the professional nursing environment through a 4-5 month combined didactic and preceptor clinical program within the organization.

*During the program, residents will work 0.8 8-hour shifts and every other weekend.

*Hours of work will be determined by classroom and preceptor schedules.

*During the program, residents will receive exposure to multiple areas of nursing at Children's.

*Please visit the RN Residency website at www.childrensmn.org under Careers for more information

Required application elements:

- Completed Children's Hospitals and Clinics employment application online at www.childrensmn.org
 RN Residency Information Form. (This form)
 Two recommendation forms from your most recent clinical instructors. (Reference Request RN Residency Candidate form)
 Resume
 Current official transcript with school seal; no copies (must include grades from Fall 2009).
 Two paragraphs:
1. Describe what professional nursing practice means to you
2. Explain what influenced your decision to apply at Children's

Please submit all information at one time to:
Children's Hospitals and Clinics of MN
Human Resources Department 80-H190
Re: RN Residency Program
2577 Territorial Road
St. Paul, MN 55114

Please note the deadline for all applicants is
February 19th, 2010

Children's Hospitals and Clinics is an Equal Opportunity Employer