



## **NP Extern Initial Application – Requirements for NP Externs**

Thank you for your interest in Hancock Health. Please confirm with your program director that there is an affiliation agreement or preceptor contract on file with Hancock Physician Network (HPN).

In order to be considered for NP Extern selection, all documentation from numbers 1, 2, & 3 must be supplied to the NP Coordinator **during** the open application period (March 1 – May 1 of EVEN years). Applications received outside of open period will not be considered.

- 1. A ONE-PAGE LETTER INCLUDING THE FOLLOWING INFORMATION:**
  - a. Licensure goal (FNP, ANP, WHNP, etc.)**
  - b. Why Hancock Physician Network was chosen for student rotations**
  - c. Why you want to be an NP and in what area you'd like to practice after graduation**
  - d. Estimated dates of both clinical START and COMPLETION**
  - e. Name and contact information of NP Program Supervisor or Director**
- 2. COMPLETED NP STUDENT PROFILE (ATTACHED)**
- 3. CURRENT CV OR RESUME**

(Numbers 4 and 5 will be completed if asked to do so after application period.)

- 4. SIGN AND RETURN**
  - a. Confirmation of Non-Associate Handbook
  - b. Confidentiality Statement: Confirmation of HIPAA material review
- 5. ATTACH COPIES OF THE FOLLOWING:**
  - a. Current driver's license
  - b. Social Security card or birth certificate
  - c. Current immunizations, including PPD within the last year
  - d. Copy of Certificate of Liability Insurance from your school of nursing



Student Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**Personal/Social**

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Do you have any physical/medical limitations or medical problems which the Hancock Physician Network should be aware? N\_\_Y\_\_ If Yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

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**Education**

MSN School: \_\_\_\_\_  
Current Degree Program: \_\_\_\_\_  
School Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Hours needed to fulfill clinical experience requirements: (Include acceptable practice types)**

Dates Needed: _____	Area/# of Hours: _____
Dates Needed: _____	Area/# of Hours: _____
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Dates Needed: _____	Area/# of Hours: _____
Dates Needed: _____	Area/# of Hours: _____
Other (specify): _____	Total Hours Needed: _____

**Previous RN Experience(s):****# Years as RN:** \_\_\_\_\_

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**NP Practice area interests upon graduation and certification**

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