

APPLICATION – CSU, CHICO REFRESHER STUDENTS

Name _____ Sex _____
first middle initial last

Address _____
street city zip phone

Cell Phone _____ e-mail _____
(We communicate with students frequently by e-mail. All correspondence will be from kkirby@csuchico.edu. Please add this address to your e-mail address book to avoid our mail being sent to a SPAM site.)

Date of Birth _____

Do you speak a foreign language? ☐ Yes ☐ No If yes, which? _____

Do you have an active RN license? ☐ Yes ☐ No Licensed since _____ License Number _____

Do you have a previous bachelor's or master's degree? ☐ Yes ☐ No

Student Interests/Preferences:

All preceptorships are a minimum of 4 weeks (150 hours) in length. Please allow us at least 4 weeks to process your placement request.

Clinical areas of special interest _____

Geographical areas of special interest _____

If you have housing available in a specific geographic area(s) of interest, please provide address and phone number:

Street	City	Zip	Area Code/Phone No.

Requested Start Date: _____

We normally attempt to place you on a day shift, either 8-hour or 12-hour depending on hospital. Sometimes all that is available is a NOC shift. If you are absolutely unable to work a NOC shift, or would prefer a NOC shift, please explain:

Student Records:

1. What is your health status? _____ Date of last physical examination _____

Do you have any health problems or physical limitations that we should be aware of? _____

2. Immunization/Skin test records: Please review the *Vaccine Guidelines* form in the application packet to be sure your records are current. Send copies of the following as indicated: 1) all immunizations 2) last two TB skin test results or latest CXR (if positive skin tester), and 3) relevant titer records. *Be sure your name is on every copy.*

3. Emergency Contact: Name: _____

Relationship to you _____ Phone No. _____

Address _____
street city state zip

I understand that the Rural California Nursing Preceptorship Program will send my photo to the placement site, and if housing is needed, one will be sent to the housing provider.

I understand that there is a course fee of \$400 for participation in CSU, Chico course, Nursing 485A.

I understand that there is a \$100 non-refundable application fee that should be paid in the form of a check or money order to CSU, Chico and included with my application materials.

I understand that I will be responsible for providing my own transportation.

I authorize the Rural California Nursing Preceptorship program to forward copies of my application materials to any facility under consideration for my preceptorship placement.

Signature: _____ Date: _____

Please return this application, the requested documents, and the \$100 application fee to:

**Rural California Nursing Preceptorship Program
California State University, Chico
Chico, California 95929-0301**

(The above is the correct mailing address; there is no street address.)



Introductory Letter – Refresher Student

Every student will write a letter of introduction to their future preceptor. This letter will help both the Rural Nursing Program Coordinator and your preceptor to get to know you better, both professionally and personally.

The introductory letter is slightly different from a cover letter. A cover letter's main function is to promote oneself to a potential employer. While there will be aspects of your letter that are promotional in nature, the main purpose of the introductory letter is to disclose your attributes and strengths as well as your weaknesses and limitations.

Guidelines:

- ◆ Keep your entire typewritten letter to one page.
- ◆ Use "Dear Preceptor" as the salutation.
- ◆ Briefly summarize: 1) how long you have been out of the nursing field, 2) what you have been doing during the interim, and 3) your past nursing work experience.
- ◆ Describe yourself in terms of the level of independence you are with which you are most comfortable.
- ◆ Discuss what you consider to be your strong and weak points relative to this type of experience.



Guidelines for Formulating Goals and Objectives for the Refresher Student

Composing a brief summary of your goals and objectives is essential in giving your preceptorship focus and direction. Additionally, it will help your preceptor gain more understanding of what you hope to accomplish during your placement.

Format guidelines - Your written goals and objectives should be: 1) typewritten, 2) limited to *one page*, and 3) include your name and the title, "Preceptorship Goals and Objectives" at the top of the page.

Begin with your goals - Write two or three sentences that summarize your overall goals. You may find it helpful to simply answer the question: *After coming away from this experience, how do I want to be changed?*

Follow with RCNP objectives - Objectives 1-3 are fairly general and will apply to all RCNP preceptorships, while the remainder of your objectives will relate more specifically to your particular placement. Make the following three RCNP objectives first on your list.

1. I will be able to identify some of the similarities and differences between rural and urban models of health care and become familiar with the advantages and disadvantages found in each.
2. I will become familiar with the demographics of the local population served, as well as some of the socio-economic factors relative to this population that act as barriers to optimum health.
3. I will become familiar with the workplace culture, relevant protocols, and staffing patterns at my placement facility.

Last, write your own objectives - When composing your objectives, keep in mind that the more specific you are, the easier it will be for your preceptor to develop a plan that will help you meet them. Following are some ideas:

subjective findings (history-taking)	various procedures
objective findings (physical assessment)	documentation
familiarizing self with referral agencies	giving report
practical use of the NCP	organizational skills
medication administration	prioritizing and triage
reporting findings to physicians	interpreting lab work
participating at staff meetings, conferences	patient teaching



Skills Proficiency List – Refresher Student

Student _____ Date _____

Self Assessment Key:

1 = Proficient (Confident in performing procedure. No assistance needed.)

2 = Needs Supervision (Needs review and/or assistance to feel comfortable in performing procedure.)

3 = No Practical Experience

Please check the appropriate box next to each skill below:

	1	2	3		1	2	3
NEURO				MEDICATION ADMINISTRATION			
Neuro Checks				Topical Ointment/Patch			
				Sublingual			
				Rectal Suppository			
PULMONARY							
Oxygen Set Up - Nasal Prongs				Sub Q Insulin			
Incentive Spirometer				Sub Q Heparin			
Trach Care / Suctioning				IM			
				NGT Meds/Feedings			
CARDIAC				IV ADMINISTRATION AND CARE			
EKG - Telemetry				Set-up IV - Calculate Flow Rate			
Heart Sounds/Arrhythmia Identification				Change IV Tubing			
				DC IV			
G/I				IVPB			
Bowel Sounds				Heplock Med & Flush			
Stool Specimen				Start IV			
Enema				IV Pump Set Up			
Oral Suction				Dressing Change for Central Lines			
NGT Insertion				Hep/Saline Flush for Central Line			
NGT Residual Check				DOCUMENTATION			
D/C NGT				Graphic Vital Signs			
G/U				Intake & Output			
Catheter Care				Head-to-toe Assessment			
Urine Specimen from Catheter Port							
D/C Foley Catheter				NURSING PROCESS			
Bladder Irrigation				Nursing Care Plans			
Catheterization - Male				Interpreting Lab Work			
Catheterization - Female				Prioritizing Patient Needs			
INTEGUMENTARY				COMMUNICATION			
Dry Dressing Change				Patient/Family Teaching Skills			
Wet to Dry Dressing change				Working with Patient Care Team			
Wound Packing				Delegating to CNAs/LVNs			
Wound Suction: Hemovac				Giving Report			
Wound Suction: Jackson-Pratt							
Remove Staples				MISCELLANEOUS			
K-pad				BG Finger-Stick			



Housing Questionnaire – Refresher Student

Name

If you have available housing, please indicate the location(s):

Address _____

City _____ Zip _____ Phone _____

Address _____

City _____ Zip _____ Phone _____

If you need housing, please complete the following:

If the housing provider is single, will you accept housing with: ☐ Male ☐ Female ☐ Either

Do you smoke? ☐ Yes ☐ No

Please describe any health needs (including animal allergies) which may require special housing or environmental considerations:

Is there any other information or preference you would like to share with us that would be helpful in locating appropriate housing for you?

On a separate page, type a *letter of introduction* to your future housing provider. Use the following guidelines to compose your letter:

- Begin your letter with, *Dear Housing Provider*.
- Describe yourself in terms of your hobbies and interests.
- Relay your career goals.
- Refer to past rural or urban living experiences, family size, etc.
- Provide your name and signature in closing.



Photos – Refresher Student

Please submit **two** (one if submitted via e-mail) photos of yourself.

We realize that your pets are cute and your friends are important to you, but in this particular case, we need pictures that are of you alone.

Your photo will be sent to your placement site, where they are frequently posted on a bulletin board to announce your arrival to other staff.

If housing is needed during your placement, the second photo will be sent to your housing provider as a way of introduction.

No photocopied or scanned photos, please! All photos should be submitted on photo grade paper. If you prefer to submit a digital image, please e-mail it to: rcnp@csuchico.edu

REMEMBER - "A picture speaks a thousand words."

- Dress modestly and professionally. Avoid tank tops, t-shirts, and low-cut attire.
- Keep in mind the importance of that first impression, and submit quality, smart photos.
- Presenting yourself neatly groomed and with a smile, will make a favorable impression with staff, even before you've arrived.



Professional Statement of Recommendation – Refresher Student

Applicant Name: _____ Date: _____

Please rate applicant using a rating scale from 1-5.

1 signifies **Weak**; 5 signifies **Strong**

Clinical skill level	1	2	3	4	5
Level of independence	1	2	3	4	5
Ability to make sound judgments	1	2	3	4	5
Level of confidence	1	2	3	4	5
Verbal skills	1	2	3	4	5
Written skills	1	2	3	4	5
Ability to deal effectively with conflict	1	2	3	4	5
Ability to handle stress	1	2	3	4	5
Level of self-awareness	1	2	3	4	5
Tolerance of other lifestyles, cultures, religions	1	2	3	4	5

Do you recommend this applicant without reservation? ☐ Yes ☐ No

Length of time you have known applicant _____ Relationship to Applicant _____

Comments:

Name/Professional Title: _____

Phone Number _____ e-mail _____

Mailing Address: Kathleen Kirby, R.N., RCNP Program Coordinator
California State University, Chico
Chico, CA 95929-0301

Phone: 530-898-5797 ♦ Fax: 530-898-6709 ♦ e-mail: kkirby@csuchico.edu



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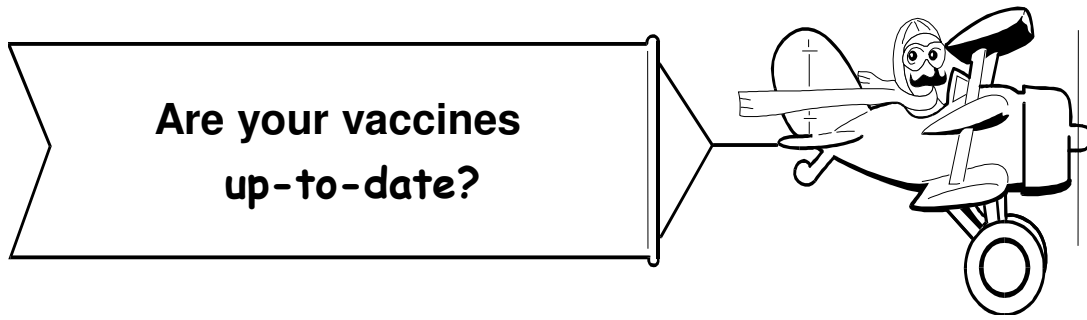
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Phone Number _____ e-mail _____

Mailing Address: Kathleen Kirby, R.N., RCNP Program Coordinator
California State University, Chico
Chico, CA 95929-0301

Phone: 530-898-5797 ♦ Fax: 530-898-6709 ♦ e-mail: kkirby@csuchico.edu

Vaccine Guidelines



Please review to make sure your vaccine and TB skin test records are current before sending application materials.

Name	Total No. doses required	Alternate Option
Rubella (German Measles)	2 doses	positive titer
Rubeola (Measles)	2 doses	positive titer
Hepatitis B	3 doses	positive titer or signed waiver
Tetanus	1 dose q 10 years	---
Varicella (Chicken Pox)	2 doses	positive titer or <i>legal</i> documentation showing history of disease
TB Testing	two negative skin test results within a year apart	clear baseline chest x-ray and unremarkable review of symptoms within the past year

The guidelines above are based on the recommendations of the U.S. Public Health Services Advisory Committee on Immunization Practices.



RCNP Application Check List – Refresher Student

Please confirm with a ✓ that you have completed each part of the application process. Your application will **not be processed unless it is completed. If you have questions regarding any part of the application, please contact the program coordinator.**



I have: ☐ completed *both sides* of the application form and have signed at the bottom.

☐ enclosed two “Statement of Recommendation” forms.

☐ enclosed typed copies of “Introductory Letter” and “Goals and Objectives.”

☐ enclosed my “Self-Assessment Skills List.”

☐ enclosed my “Housing Questionnaire.” (Please include a typed introductory letter on an attached page if you think you may need housing).

☐ enclosed two photos (No scanned photos or photocopies please. May choose e-mail option.)

☐ enclosed copies vaccine and skin test records.

Please be sure that your vaccine and skin test records meet the requirements listed below. If you have any questions, please contact our office.

☐ Hep B (3 doses or positive titer)

☐ Td (1 dose within last 10 years)

☐ MMR – (2 doses **or** positive titer for Rubella and Rubeola)

☐ Varicella (2 doses **or** positive titer **or** *legal documentation* of Chicken Pox)

☐ TB status (2 negative PPD tests **or** negative chest x-ray)

☐ enclosed a copy of my current *CPR for Health Care Professionals* card.

☐ enclosed the \$100 application fee (check or money order made payable to CSU, Chico).

Once accepted, you will...

receive an orientation packet. In addition we will be communicating with you periodically via e-mail. Be sure that our sent e-mails aren't being diverted to your SPAM site. All correspondence will be sent from: kkirby@csuchico.edu.