

**Transition to Practice in Critical Care Application**

Please complete and attach this form to your application materials. The deadline for the receipt of all application materials is **April 1, 2016.**

1. Name First Middle Last

2. Mailing Adress\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Permanent email (not school email) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Race/Ethnicity**: Please check one of the following**

□ Hispanic or Latino Ethnicity (American Indian or Alaska Native Race)

□ Hispanic or Latino Ethnicity (Black or African American Race)

□ Hispanic or Latino Ethnicity (Native Hawaiian or Other Pacific Islander Race)

□ Hispanic or Latino Ethnicity (Asian Race)

□ Hispanic or Latino Ethnicity (White Race)

□ Hispanic or Latino Ethnicity (More than one race)

□ Non-Hispanic or Non-Latino Ethnicity (American Indian or Alaska Native Race)

□ Non-Hispanic or Non-Latino Ethnicity (Black or African American Race)

□ Non-Hispanic or Non-Latino Ethnicity (Native Hawaiian or Other Pacific Islander Race)

□ Non-Hispanic or Non-Latino Ethnicity (Asian Race)

□ Non-Hispanic or Non-Latino Ethnicity (White Race)

□ Non-Hispanic or Non-Latino Ethnicity (More than one race)

6. Would you describe yourself as having a disadvantaged background? □ Yes □ No

If yes, please briefly explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Age \_\_\_\_\_\_\_\_\_\_\_ Are you a Veteran: **Please check one** □ Yes □ No

8. Residential area in which you live: **Please check one**

□ Urban

□ Rural

□ Frontier

□ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Name of nursing school and type of program (check one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Associate Degree Program (ADN Program)

□ Traditional BSN Program

□ Accelerated BSN Program

□ RN to BSN Program

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are/were you enrolled in a Dual Enrollment Program or Integrated Pathway Program? □ Yes □ No
2. If you answered yes to #10, name of RN-BSN program/school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Current GPA
2. Date of graduation (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. RN license # \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of NCLEX-RN® Exam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Employment status: **Please check one** □ Part-time □ Full-time □ not currently working

15. Place of employment and job title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please include the following materials with your application** (only completed applications will be considered):

1. Your resume or curricular vitae
2. Documentation proving that you have passed NCLEX-RN Exam; RN-license number; or date of NCLEX exam (if not yet completed)
3. Official copy of your transcripts
4. Copy of your immunization record
5. Copy of your most recent background check
6. Letter of recommendation from Nursing Faculty
7. A written statement (maximum of 500 words). Please specifically address the following questions:

* Why should you be considered for this course?
* What is your preferred / ideal employment situation? Clinical area? Geographic area?
* Why do you believe that critical care is an area of nursing that takes best advantage of your strengths?

**Please email completed applications to:**

Amanda Quintana (Jojola) DNP, RN, FNP

Project Director

Colorado Center for Nursing Excellence

[Amanda@coloradonursingcenter.org](mailto:Amanda@coloradonursingcenter.org)

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