Maintaining Practice Readiness Application

Application Information

Special Status Application and Registration

This application is for:
Summer 2011 Maintaining Practice Readiness

Dates: 7/13 - 8/17/2011

Course Objectives:

1. To assess the clinical competence of each new RN participant and implement a learning plan based on individual needs.

2. To provide review practice of clinical skills for new RN graduates.

3. To increase preparedness of the new RN graduate to deliver safe, competent patient care.

4. To provide new RN graduates with the opportunity to assert self in collaboration with simulation healthcare team.

5. To demonstrate the effectiveness of the program and experience at the end of the six weeks by measuring competence and confidence of the participants.

DAY AND TIME

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<tr>
<th>Day</th>
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<tr>
<td>Wednesday, July 13</td>
<td>1pm – 5pm</td>
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<td>Wednesday, July 20</td>
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<td>Thursday, July 28</td>
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<td>Thursday, August 4</td>
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<td>Wednesday, August 10</td>
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<td>Wednesday, August 17</td>
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Directions:

1. **Prerequisites:** A graduate of the SMU School of Nursing from May 2008 – Dec 2010

2. Complete this application and submit with the following documentation:
   - Professional resume with education, work, and any healthcare related volunteer experience. Please include GPA for Nursing Major. List clinical rotations with location and number of hours.
   - Concise statement addressing 3 short term goals for professional development you will target during the 6 week program. Describe at least one achievable outcome for each goal.
   - Copy of RN license (both sides)
   - Describe or summarize your efforts to obtain RN employment since graduation. Include the response of the employer.
   - Graduates who have NOT participated in the *Transition to Practice (T2P)* or a comparable program will have priority.

3. **If accepted,** must submit to Samuel Merritt University Health Sciences Simulation Center, by specified deadline, a non-refundable $25.00 processing fee payable to Samuel Merritt University.

4. **No tuition will be charged for participation in the program.**

5. Admission is for this course only, and is not indicative of future admission to a Samuel Merritt University program.

6. **Application and supporting materials must be received at Samuel Merritt University Health Sciences Simulation Center by 5pm on July 1, 2011.**

Please submit application and supporting materials to:

Maintaining Practice Readiness Program Coordinator
Samuel Merritt University
Health Sciences Simulation Center
450 30th Street
Oakland, CA 94609
Fax: 510-869-1521/ email: karchibald@samuelmerritt.edu
SAMUEL MERRITT UNIVERSITY

Maintaining Practice Readiness

Application Form

Please type or print clearly.

Date:________________

Name:__________________________________________________________

Residence: ____________________________________________________
   Street Address

City: ___________________________ State: __________ Zip Code: __________

Email Address: _________________________________________________

Home Phone with area code: _______________ Cell Phone with area code: __________

Educational Background

Samuel Merritt University Graduation Date: __________

Clinical area where final Synthesis/Preceptorship was completed: ___________________________

Medical Center where Synthesis/Preceptorship was completed: ___________________________

Have you completed the “Transition to Practice” or comparable program? Yes____ No____

Signature

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:_________________________

Please submit application and supporting materials to:

Maintaining Practice Readiness Program Coordinator, Samuel Merritt University HSSC

450 30th St., Oakland, CA 94609, FAX: 510.869.1521 or karchibald@samuelmerritt.edu