Southeast HEALTH

Information for Nursing Extern Employment Option

Please fill out and return to Educational Services
by email seeducation@sehealth.org by fax 573-651-5832 or by mail:
Residency Program, 1701 Lacey Street, Cape Girardeau, MO 63701

Name: _____

Address: _____

Phone #: _____ Email: _____

Name of School & Program Currently Enrolled in:

_____

Anticipated Graduation: _____ GPA: _____

Please provide copy of unofficial transcript.

BLS Healthcare Provider Expiration Date: _____

Are you currently employed by SoutheastHEALTH? ☐ Yes ☐ No

Are you interested in a tuition assistance program? ☐ Yes ☐ No

Are you interested in working at SoutheastHEALTH after graduation? ☐ Yes ☐ No

- Applicants must have one of their instructors submit a reference using the instructor reference form available on the Nurse Extern webpage (www.sehealth.org/extern).
- Applicants will need to submit a copy of their unofficial transcript.
- In addition to the Nurse Extern paperwork, each applicant must also complete an online application found at sehealth.org/careers.

Nurse Extern Area of Interest Survey

Name: _____

Please return with your application.

Please identify your areas of clinical interest by using the following ranking system: 1 = Very interested; 2 = Interested; 3 = Not interested. Please be mindful that your first rotation will be on a Med-Surg or Progressive Care unit.

Med/Surg Units

___Medical Telemetry

___Neurology

___Surgical

Progressive Care Units

___Cardiac/Oncology Progressive Care

___Cardiac Pavilion

Critical Care

___Emergency Department

___Intensive Care Unit

___Cardiothoracic Unit

___Peri-anesthesia Care Unit

Maternal Child

___Labor and Delivery

___NICU/Nursery

___Pediatrics

Procedural Areas

___OR

___Cardiovascular Catherization Lab

___Digestive Health

___Interventional Radiology

Other Specialty Areas

___Behavioral Health

___Home Health

___Hospice

___Inpatient Rehabilitation