



Information for Student Nurse Intern Option

Please fill out and return to Klaire Telle

by email ktelle@SEhealth.org, by fax 573-651-5832 or by mail:

Residency Program, 1701 Lacey Street, Cape Girardeau, MO 63701

Name: _____

Address: _____

Telephone Number: _____ Email: _____

Name of Program Currently Enrolled in: _____

Date of Graduation: _____

GPA: _____ *Please provide copy of transcript*

BLS Healthcare Provider Expiration Date: _____

- In addition to the Student Nurse Intern paperwork, each applicant must also fill out an online application found at sehealth.org/careers.
- Please have one of your instructors to complete a reference using the form available on the Student Nurse Intern webpage.
- Include a copy of your transcript as part of your application.



Student Nurse Intern 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

Med/Surg Units

- ___ Medical Telemetry
- ___ Neurology
- ___ Cardiac Progressive Care
- ___ Surgical
- ___ Surgical Progressive Care/Oncology
- ___ Inpatient Rehabilitation

Maternal Child

- ___ Labor and Delivery
- ___ NICU/Nursery
- ___ Pediatrics

Critical Care

- ___ Emergency Department
- ___ Intensive Care Unit
- ___ Cardiothoracic Unit
- ___ Peri-anesthesia Care Unit

Procedural Areas

- ___ OR
- ___ Cardiovascular Lab
- ___ Digestive Health

Other Specialty Areas

- ___ Psychiatric
- ___ Home Health
- ___ Hospice