

**2012 SUMMER STUDENT NURSE EXTERNSHIP PROGRAM  
SCHOOL OF NURSING APPLICATION**

**Instructions:** Please complete this form and return by fax, email or mail to:  
**Diane Clift, Member Services Manager, MHA, P.O. Box 1909  
Madison, MS 39130, fax: 601.368.3200 or dclift@mhanet.org.**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

1. Will your School of Nursing offer a Summer Student Nurse Externship Course in the Summer 2012 term?  Yes  No  
If no, please indicate reasons:

If yes, please answer questions 2 – 6.

2. What is the title of the course? \_\_\_\_\_

3. How many credit hours will be given for the course? \_\_\_\_\_

4. How many students can you admit to the course? \_\_\_\_\_

5. Provide the following information for the faculty serving as the primary contact person for the course. If you school offers the externship course from more than one site (campus), please provide a name for each site.

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Alternate Contact:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Attach a copy of the course description and syllabus.