

**2008 SUMMER STUDENT NURSE EXTERNSHIP PROGRAM
SCHOOL OF NURSING APPLICATION**

Instructions: Please complete this form and return by fax, email or mail to:
Cheri Walker, Nurse Manager, King's Daughters Medical Center, Fax: 601.835.9470, P.O. Box 948, Brookhaven, MS, 39601, cwalker@kdmc.org.

Name of School: _____

Address: _____

Person Completing Report: _____

Phone: _____ Fax: _____ E-mail: _____

1. Will your School of Nursing offer a Summer Student Nurse Externship Course in the Summer 2008 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 your school offers the externship course from more than one site (campus), please provide a name for each site.

Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

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