

**2010 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 2010 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.