

RN Internship Program – Application Packet

Thank you for your interest in the **Registered Nurse (RN) Internship Program**. This application packet outlines program expectations and required materials. Completion of this packet does not guarantee placement.

1. Program Summary (Applicant-Facing)

The RN Internship Program is a structured, supervised learning experience designed for senior nursing students and newly graduated RNs transitioning into professional practice within a Critical Access Hospital. Interns rotate through applicable departments based on program design and work under direct RN supervision. Interns are not counted toward minimum staffing requirements.

Program Length: 12 - 14 weeks

Schedule: Part-time or full-time (no mandatory overtime)

Potential Departments: Emergency Department, Medical-Surgical, Surgery, Infusion, Long Term Care, Outpatient Clinic

2. Eligibility Requirements

Applicants must meet **all** of the following: - Enrollment in the final year of an accredited ADN or BSN nursing program **OR** recent graduation pending NCLEX - Good academic standing - Ability to meet physical and essential job functions - Willingness to practice under supervision and within defined scope - Ability to complete all onboarding and health requirements, including a background check

3. Required Application Materials

Please submit the following completed items:

1. **RN Internship Application Form** (Section 5)
2. **Current Resume**
3. **Unofficial Nursing School Transcript**
4. **Letter of Interest** (1–2 pages)
5. **Essay Response** (choose one option)
6. **Reference Form** (2 from faculty member, clinical instructor, or RN supervisor)

Incomplete applications may not be considered.

4. Preferred Hiring Status Upon Graduation

Participants who successfully complete the RN Internship Program, meet performance expectations, and remain in good standing will be granted **preferred hiring status** for open RN positions upon graduation and/or licensure.

Preferred hiring status includes:

- Priority consideration for open RN roles
- Expedited interview process
- Recognition of completed clinical orientation within the organization

Final hiring decisions remain contingent upon licensure, successful completion of NCLEX, background check verification, and position availability.

5. RN Internship Application Form

Applicant Information

Full Name: _____
Preferred Name: _____
Phone Number: _____
Email Address: _____
Mailing Address: _____

Education Information

Nursing Program Type: ADN BSN
School Name & Location: _____
Expected Graduation Date: _____

Licensure Status (check one):

- Nursing Student (final term)
 Graduate Nurse (NCLEX pending)

Department Interests (check all that apply):

- Emergency Department
 Medical-Surgical
 Surgery
 Infusion
 Long Term Care

Availability

Preferred Start Date: _____

6. Letter of Interest Guidelines

Your letter should address: - Why you are interested in working in a Critical Access Hospital/Long Term Care - Your areas of clinical interest - What you hope to gain from the RN Internship Program - How this internship supports your long-term nursing goals

Length: 1–2 pages, typed

7. Essay Options (Choose **ONE** – 500–750 words)

1. **Why Rural or Critical Access Nursing?**

Describe your interest in working in a rural or critical access hospital environment.

2. **Patient Safety Scenario**

Describe a situation (real or hypothetical) where patient safety was at risk and how you would respond.

3. **Clinical Judgment & Prioritization**

Describe how you approach prioritization when caring for multiple patients with competing needs.

4. **Professional Growth & Resilience**

Describe a challenging experience and how it contributed to your growth as a future RN.

8. Applicant Acknowledgment

Please read and sign below:

I understand that: - This internship is a **supervised educational experience** - RN interns are not counted toward staffing ratios - Scope of practice is limited by state law and hospital policy - Acceptance is contingent upon completion of onboarding requirements

Applicant Signature: _____ Date: _____

9. Submission Instructions

Submit completed application packet to:

Department: Chief Nursing Officer

Email or Address: cynthia.donajkowski@hnjh.org

Application Deadline: March 25, 2026

The organization is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other protected status.

Appendix A. Reference Form

To Be Completed by Faculty Member, Clinical Instructor, or RN Supervisor (Two (2) Required)

Reference Name: _____

Title/Role: _____

Organization/School: _____

Phone/Email: _____

How long have you known the applicant? _____

Please rate the applicant in the following areas:

Attribute	Excellent	Good	Fair	Needs Improvement
Clinical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Reference Signature: _____ Date: _____

Appendix A. Reference Form

To Be Completed by Faculty Member, Clinical Instructor, or RN Supervisor (Two (2) Required)

Reference Name: _____

Title/Role: _____

Organization/School: _____

Phone/Email: _____

How long have you known the applicant? _____

Please rate the applicant in the following areas:

Attribute	Excellent	Good	Fair	Needs Improvement
Clinical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Reference Signature: _____ Date: _____
