Northwest Hospital Nurse Residency Program

Application

Thank you for your interest in Project Connect, our Nurse Residency program! Applications and supplemental information for the Nurse Residency program are required for all new nursing graduates interested in employment at Northwest Hospital (NWH).

Please submit the following required information at your earliest convenience, but no later than January 9, 2015 by mail, email, or fax to:

Laarni C. Florencio, RN MSN CNL
Nurse Orientation Coordinator
Nurse Residency Program
Education Resource Center (ERC)
LifeBridge Health
2401 W. Belvedere Avenue
Baltimore, MD 21215
Phone (410) 601 - 6197
Fax (410) 601 - 8116
Lflorenc@lifebridgehealth.org

Requirements for All Candidates:

- Accompanying application form
- College transcripts, official or unofficial
- Essay
- Two letters of recommendation (using form provided)
  - At least one from most recent clinical nursing instructor
  - At least one from current employer, if applicable
- RN license
APPLICANT INFORMATION

Name: ____________________________________________

RN License Number: ___________ State: ______

LifeBridge Health Employee?:  □ No  □ Yes, please complete following:

   Years of Employment: _____  Department/Unit: ______________

   Position: ________________  Current Supervisor/Phone#: ____________

Home Address: __________________________________________________________

City: ______________________ State: ______  Zip Code: __________

Phone: ____________________________  □ Home  □ Cell

Email: ____________________________  □ Home  □ Work

EDUCATION AND EXPERIENCE

RN Degree: □ AA  □ BSN  □ MSN  □ Other: ______________________

College/University: ________________________________________________

Date of Graduation: ________________________________________________

Non-Nursing Degree: ________________________________________________

College/University: ________________________________________________

Date of Graduation: ________________________________________________

UNIT/AREA OF INTEREST

Select the area(s) for which you are applying, please rank your top 3:

☐ Geriatrics/Respiratory  ☐ Heart Care  ☐ ICU  ☐ Intermediate Care

☐ SubAcute  ☐ Surgical/Orthopedics  ☐ Emergency Dept

*NOTE: Please indicate order of preference if selecting more than one area. Accepted applicants may be offered positions in areas outside of their preference based on organizational need and/or fit.
Why do you want to be a Nurse Resident in your identified area(s) of interest? What do you hope to contribute to your patients and your peers by participating in this program?