**2022 Winter Paid Nursing Internship Application**

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| **PERSONAL INFORMATION** **DATE:** Click here to enter text. | |
| **Name:** | Click here to enter text. |
|  | Last First Middle |
| **Address** | Click here to enter text. |
|  | Street (Apt.) City/State Zip |
| **Alternate Address:** | Click here to enter text. |
|  | Street (Apt.) City/State Zip |
| **Phone Number:** | Click here to enter text. |
|  | Home Cell |
| **Email:** | Click here to enter text. |

(Please print clearly)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EDUCATION** | | | | | | |
| **School:** |  | Click here to enter text. | | | | |
| **Nursing GPA:** |  | Click here to enter text. |  | **Overall GPA:** |  | Click here to enter text. |
| **DEU clinical experience:** |  | Yes  No |  | **If yes what hospital:** |  | Click here to enter text. |
| **APU clinical experience:** |  | Yes  No **Unit**: |  |

Are you currently employed by Catholic Health Yes No Facility: Click here to enter text.

*In your cover letter, along with information about who you are and why you are applying for this internship please describe the type of clinical nursing you are interested in and what you would like to gain more exposure to.*

Application Checklist - Application Deadline is September 30th, 2022

Application  Cover Letter  Resume  Two (2) letters of recommendation

Official transcript

**Completed application and documents can be submitted via email:**

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