

Northwest Rural Nurse Transition-To-Practice Residency Application

Idaho State University, School of Nursing, Office of Professional Development
921 8th Ave., Stop 8101, Pocatello, ID 83201 Phone 208.282.3820 Fax: 208.282.4476

Applicant:	
Name:	
Home address:	
City/State/Zip:	
Day Time Phone:	
E-Mail Address:	

Demographics:	
Gender:	
Age:	
Ethnicity:	
Years of Nursing Experience:	

Program Role Options:	
Acute Care Residency:	
Care in the Community Residency:	
Rural Nurse Preceptor:	

Employer:	
Current Employer:	
Address of Employer:	
Telephone of Employer:	
Current Supervisor:	
Dates Employed:	

Please attach the following (REQUIRED):

1. Resume including dates of employment, education and certifications attached.
2. Pages 2, 3 & 4 completed by Chief Nursing Officer or person overseeing the participant.
3. Submit to nurseopd@isu.edu.

The facility's Chief Nurse/Administrator hosts the Northwest Rural Nurse Residency.
The following boxes outline the residency program.

Residency Elements Completion Required for Graduation	
<p>Core Classes <i>Minimum of 6 - Recommendation of 10</i> See Grid for Options</p> <p>Clinical Supervision by Preceptor (104 hours)</p> <ul style="list-style-type: none"> • Skill Assessment • Learning Plan • Mentoring <p>Performance Assessment</p> <ul style="list-style-type: none"> • CNO - Monthly Encouragement & Monitoring 	<p>Continuing Education 12 Hours See Grid for Options</p> <p>Competency Validation Testing <i>Minimum of 6 - Recommendation of 10</i> See Grid for Simulation Options</p> <p>Evaluations</p> <ul style="list-style-type: none"> • CNO - Summative • Preceptor - Formative • Program, Class & Exit Surveys

Crisis Assessment & Management Core Classes Check a Minimum of 6	
	Communication Strategies
	Critical Thinking and Clinical Reasoning
	Ethical and Legal Issues
	Geriatric Crisis Management
	Medical/Surgical Crisis Management
	Pediatric Crisis Assessment and Management
	Pharmaceutical Issues
	Pre-Term Labor
	Psychiatric Assessment and Management
	Rural Nursing Specialty Skills
	Trauma Management

Complex Simulations Check a Minimum of 6	
	Geriatric Transitions of Care
	Respiratory Assessment
	Neurological Injury
	ETOH Withdrawal
	Gastrointestinal Bleeding
	Anaphylactic Shock
	Fluid Imbalance with Asthma Attacks
	Closed Head Injury Assessment
	Supraventricular Tachycardia
	Evidence Based Practice
	Gunshot Trauma

Continuing Education Options Check a Minimum of 12 Hours	
7 hours	1 hour
Informatics	Anabaptist Community Health Needs
4 hours	Career Development
Fundamentals of Rhythm Interpretation	Collaborative Teamwork
3 hours	Collaborative Teamwork
Complementary & Alternative Health Practices	Legal Issues in Health Care
Chronic Obstructive Pulmonary Disease	Developing ROI
Cultural Competence	Differentiating Delirium, Dementia & Depression
Endocrine Crises	End of Life Care in Rural Areas
Geriatric Functional Assessment	Evidence Based Management
Wound Management	Hearing Loss Prevention
2 hours	Legal Issues for Rural Nursing
Diabetic Case Study	Hearing Loss Prevention
Respiratory Emergencies	Mental Health & Aging Farmers
Team STEPPS	Risk Management
12 Lead EKG	SBAR Communications
	Service and Career Planning
	Serving Hispanics in Non-Hispanic Populations
Advocacy Group with Prior Approval	Strategic Planning
Government CNE with Prior Approval	Theory and Practice
Professional Organizations with Prior Approval	Transforming Care at the Bedside

I agree to provide the necessary clinical supervision time, encouragement, continual performance review, preceptor, class time, computer, and internet connection for the applicant to successfully complete the program.

NAME:	TITLE:	DATE:
Address:		
Work Phone:		
Email Address:		

Please Answer:	Fill in the blanks below:
How many beds or patients do you serve:	
How many RN positions does your facility employ:	Part Time: Full Time:
How many RNs have resigned during the past year:	

Northwest Rural Nurse Transition-To-Practice Preceptor Application

Idaho State University, School of Nursing, Office of Professional Development
921 8th Ave., Stop 8101, Pocatello, ID 83201 Phone 208.282.3820 Fax: 208.282.4476

Applicant:	
Name:	
Home address:	
City/State/Zip:	
Day Time Phone:	
E-Mail Address:	
Resident's name:	

Demographics:	
Gender:	
Age:	
Ethnicity:	
Years of Nursing Experience:	

Employer:	
Current Employer:	
Address of Employer:	
Telephone of Employer:	
Current Supervisor:	
Dates Employed:	

Required Preceptor Elements
<ul style="list-style-type: none"> • Workshop (16 Hour) • Preceptor Competency Test • Learning Plan Creation • Resident Learning Experience Coordination • Clinical Resident Supervision (104 Hours) • Competency Validation During Complex Simulations (See Grid - Minimum 6 - Recommend 10) • Written Evaluations & Documentation

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