

# Christ Clinic Student Application

## Personal Information

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Email Address

\_\_\_\_\_

Phone Number

## School/Program Information

I am currently enrolled in the following Nurse Practitioner Program:

- FNP
- AGNP
- WHNP

\_\_\_\_\_

Name of School

\_\_\_\_\_

When do you anticipate graduating?

\_\_\_\_\_

School/Program Contact: Name

\_\_\_\_\_

Title

\_\_\_\_\_

Email

\_\_\_\_\_

Phone

## Rotation Information

**Rotation Dates:** *(Please choose only one)*

- Spring**
- Summer**
- Fall**

Beginning \_\_\_\_\_ Ending \_\_\_\_\_ Required Hours \_\_\_\_\_  
mm/dd/yyyy mm/dd/yyyy

**Days of the Week** (circle choice): **Daily** or **Mondays** **Tuesdays** **Wednesdays** **Thursdays** **Fridays**

**Please list previously completed rotations** (if any):

Location/Preceptor	Type of Rotation/Specialty	Dates

## Christ Clinic Student Application

Short Answer Information *(you may also attach cover letter or personal statement with this application)*

1. How did you hear about Christ Clinic?
2. What interests you in rotating here?
3. Are you fluent in Spanish?
4. Tell us what you think would be helpful for us to know about you.

Signature

I certify that all the information in this application is true and accurate.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

Submitting Instructions

***Please email all application materials to the contact below:***

Kari Benton, Lead Nurse Practitioner

[kari@christclinickaty.org](mailto:kari@christclinickaty.org)

***Please refer to the Christ Clinic website for submission deadlines. Applications received after the submission deadline will not be considered. You will be notified via email if your application for clinical placement has been approved.***