



RURAL CALIFORNIA NURSING PRECEPTORSHIPS
A Unique Clinical Nursing Experience That Builds Confidence & Competency

www.csuchico.edu/rcnp
Chico State Enterprises
Chico, California 95929-0301

RCNP APPLICATION FORM – SUMMER & WINTER SESSIONS

Name: _____ Preferred Name: _____ Sex: _____
first middle initial last

_____ *street apt. # city zip cell phone*

E-mail _____ DOB _____ Last 4 digits SSN _____

Place of Birth (City, State, Country) _____

Do you speak a foreign language? No Yes If Yes, which? _____ At what level? Beg Int Adv

Do you have previous work experience in a health care setting (acute or non-acute)? If yes, please indicate job title, place, and length of employment: _____

School Information:

Current Students:

Nursing School _____ Expected date of graduation _____

How many semesters/quarters comprise your school's program? _____

Has your enrollment been continuous since beginning your program? _____

Currently enrolled in: *Semester* 3 4 5 6 *Quarter* 3 4 5

Graduates:

Are you currently an RN? Yes No If yes, licensed since _____ License Number _____

Name/location/date of graduation of all nursing school(s) previously attended: _____

Are you currently enrolled in, or have you recently completed a Nursing Refresher Course? Yes No If yes, when and where? _____

Are you currently on probation? Yes No *Graduates without an active California RN license are not eligible to participate.*

Student Interests/Preferences:

Please list, in order of preference, 4 clinical areas of special interest, along with your preferred geographical area:

EXAMPLE: 1) OB / Oroville 2) Med-Surg / Oroville 3) OB - Marysville 4) Med-Surg -Marysville

1) _____ 2) _____ 3) _____ 4) _____

If you have housing available in a specific geographic area(s) of interest, please indicate where (i.e. city or town): _____

If we are unable to secure a placement for you in the sites of your choice, are you open to having a conversation about precepting in other areas? Yes No Please indicate any limitations: _____

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Preceptorships last approximately 4 weeks (150 hours). Your preceptorship will begin in June or July for the Summer Session or mid-December for the Winter Session. You will most likely be placed on a 12-hour shift, depending on the hospital. Sometimes the facility would prefer to place you on a NOC (night) shift. If you have a compelling reason why you are *unable* to work a NOC shift, OR if you would *prefer* a NOC shift, please explain:

Student Records:

1. What is your health status? _____ Date of last physical examination _____

Do you have a physical, sensory or mental health disability that would preclude you from completing the essential functions of your preceptorship? If yes, please describe what reasonable accommodations you require in order to be successful in your preceptorship. The analysis of whether reasonable accommodation can be approved at specific clinical locations will be made by the program manager, in partnership with the applicant and the Accessibility Resource Center.

2. Vaccine/TB test records: Please review the *Required Medical Records* attachment in the application packet to be sure your records are current. Please send copies as requested.

3. Emergency Contact: Name _____
Relationship to you _____ Phone _____
Address _____

***All application documents, including student records, must be submitted as *ONE* single PDF please. (Clinical faculty student assessments will not be included as they are submitted directly by the faculty member.) All pages should be legible and in portrait orientation. The PDF should be labeled as: "LastName_FirstName_RCNP_Application"

- Upon acceptance to the program, I understand there is a course fee that correlates to my placement. (Please see our website for more information on pricing.) Course fees are not due until a later date, TBA. They are to be submitted in the form of a MONEY ORDER or CASHIER'S CHECK. (Personal checks and cash are not accepted.) Please make payable to Chico State Enterprises.
- I understand additional charges may be incurred in association with my placement. Depending on my placement site, I may be asked to pay for additional items such as, but not limited to: a background check, a drug screen, TB testing, and onboarding fees required by the hospital.
- I understand that I will be responsible for providing my own transportation and housing.
- If accepted into the program, I authorize the Rural California Nursing Preceptorship Program to forward copies of my application materials, including background check and drug test results (when needed) to facilities where I will be assigned.
- I understand that the Rural California Nursing Preceptorship Program will send my photo to my placement site. *Photos are not to be submitted with the application packet. Students will be asked to send a photo once they have officially been accepted into the program.*

Signature: _____ Date: _____

Please email the completed PDF with all requested documents to: RCNP_Ap.i708u6wuipis3c4c@u.box.com

We communicate frequently with students via e-mail. To assure that email correspondence isn't being diverted to your SPAM site, please put the RCNP Program Manager's email address in your address book: sclaiborne@csuchico.edu

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