

**UNIVERSITY OF ALABAMA AT BIRMINGHAM DEPARTMENT OF  
PEDIATRICS  
PEDIATRIC PULMONARY CENTER**

**APPLICATION FOR NURSE TRAINEESHIP**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secondary Address (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

How did you hear about this traineeship? \_\_\_\_\_  
\_\_\_\_\_

How do you plan to finance your education including your plans for employment during the traineeship? \_\_\_\_\_

Are you currently enrolled in a UAB graduate nursing program? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you currently enrolled in a graduate nursing program? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, which program of studies are you pursuing? \_\_\_\_\_

When do you anticipate graduation? \_\_\_\_\_

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**Please list graduate nursing courses completed or in which you are currently enrolled**

<b>COURSE NUMBER</b>	<b>TITLE</b>	<b>GRADE</b>

Undergraduate Grade Point Average: \_\_\_\_\_

Describe any participation in research or publications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Honors and Awards: \_\_\_\_\_

List Community Service Activities: \_\_\_\_\_

List Any Special Interests: \_\_\_\_\_

**Describe an experience as a member of an interdisciplinary team in the provision of health care.** \_\_\_\_\_

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**List clinical or community experience in working with the Maternal and Child Health population while in undergraduate program, graduate program, and/or in a professional position.** \_\_\_\_\_

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**Describe your reasons for applying to this traineeship and your career goals after graduation.** *(May use additional sheet of paper if needed)*

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**Provide a brief autobiographical sketch:** *(Please provide on an additional sheet of paper)*

**REFERENCES:** Name and position in which they know you and contact information of three persons, not relatives, who are personally acquainted with you and who are well-informed regarding your qualifications. These may include last employer, college advisor and/or instructor, and clinical supervisors.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

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**The application packet should include the following:** Completed application

A resume or curriculum vitae

A brief autobiographical sketch

Essay / Personal statement

Please return application to:

Theresa Rodgers, DNP, RN, CRNP

Nurse Faculty, Pediatric Pulmonary Center

Childrens of Alabama, Lowder Buiding, Suite 620

1600 7<sup>th</sup> Ave. South

Birmingham, AL 35233

Phone number: 205 638-6580 or 205 638-9583

Email Address: Theresa.Rodgers@childrensal.org