

**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? _____

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

COURSE NUMBER	TITLE	GRADE

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. _____

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. _____

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

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) _____

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 7th Ave. South

Birmingham, AL 35233

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

Email Address: Theresa.Rodgers@childrensal.org