|  |  |
| --- | --- |
| **School of Nursing OB/Med-Surg Junior Level Distant Site Clinical Application** | |
| **CHECK WEBSITE FOR APPLICATION DUE DATE**  **PLEASE EMAIL YOUR COMPLETED APPLICATION TO:** [**nursingdistantsite@liberty.edu**](mailto:nursingdistantsite@liberty.edu)  **YOU MAY DIRECT QUESTIONS OR INQUIRIES TO YOUR LEAD FACULTY** | |
| **INSTRUCTIONS FOR COMPLETING APPLICATION** | |
| 1. Fill out application and save as word document to be emailed to address above.   The title for the word document should be: (your last name)-OB Med-Surg App 2019-20 | |
| 1. Open the Junior Level Distant Site webpage and save link to reference document.  * Send the Distant Site Reference link to two faculty members and ask them to complete the reference for you. * (One of the faculty must be your NURS 221 clinical faculty.) The link to the reference form can be found on the Distant site web page on the School of Nursing website. * Please advise faculty of the application deadline to ensure completion in a timely manner. * Ask the faculty member to email their reference to [nursingdistantsite@liberty.edu](mailto:nursingdistantsite@liberty.edu). | |
| 1. Ask one of your parents to submit a letter of support stating their permission for you to participate by emailing it to [nursingdistantsite@liberty.edu](mailto:nursingdistantsite@liberty.edu) by the due date. (If you are over 21, this is not necessary.)  * Ask them to name the document: *Your Last Name* – Parent Letter of Support   (example: Miller – Parent Letter of Support) | |
| 1. Write an essay of 250 words or less, in APA format, entitled, **“Why I Want to Participate in a Junior Level Distant Site Experience,”** and submit with your application. (A place to write this will be provided at the end of this document.) | |
|  | |
| YES  NO | I understand that I must fill out an application, save it as a document, and email it to [nursingdistantsite@liberty.edu](mailto:nursingdistantsite@liberty.edu). |
| YES  NO | I understand that I must ask two faculty (one of them being my NURS 221 professor) to fill out the electronic reference letter for me and email it to [nursingdistantsite@liberty.edu](mailto:nursingdistantsite@liberty.edu). |
| YES  NO | I understand that if I am under the age of 21, I must ask one of my parents to write a letter of support stating their permission for me to participate and to email it to [nursingdistantsite@liberty.edu](mailto:nursingdistantsite@liberty.edu). |
| YES  NO | I understand that I must write an essay of 250 words or less, in APA format, entitled, **“Why I Want to Participate in a Junior Level Distant Site Experience,”** and submit it with my application. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT PERSONAL INFORMATION** | | | | | | | | |
| Full Legal Name | Last: |  | First: |  | | Middle: |  | |
| Date of Birth: |  | | LUID#: |  | | Phone: |  | |
| Current Address: |  | | | | | Social Security #: |  | |
| City: |  | | State: |  | | ZIP Code: |  | |
| LU Email Address: |  | | | | | Gender: | M  F | |
| Emergency Contact  Name: |  | | Relationship: | |  | Phone: | |  |
| YES  NO | I am 21 years or older. (Applicants 21 or older do not need to include a parental letter of support.) | | | | | | | |
| ***By typing your name and date into the line below you are verifying that you give permission to release your information to the clinical sites. Your typed name will serve as your signature.*** | | | | | | | | |
| **Signature of applicant:** | | | | | | | | |
| **Date:** | | | | | | | | |

|  |  |
| --- | --- |
| **JUNIOR LEVEL DISTANT SITE EXPERIENCES** | |
| * Click on drop down arrow next to *Choose an item,* and select the number, by preference (#1 being top preference), if you are willing to consider different locations. | |
| Choose an item. | **Roanoke Experience** (OB/Med-Surg) |
| Choose an item. | **Richmond Experience** (OB/Med-Surg) |

|  |  |
| --- | --- |
| **OB/MED-SURG DISTANT SITE EXPERIENCE AGREEMENT** | |
| **I HEREBY FORMALLY REQUEST TO BE CONSIDERED FOR THE FOLLOWING 2019-2020 SEMESTER:** | |
| **FALL** OR  **SPRING** (Check one or both if you are willing to be considered for either). | |
| **ACKNOWLEDGEMENT OF DISTANT SITE EXPERIENCE AGREEMENT** | |
| YES  NO | I understand my acceptance into the program is contingent upon a minimum grade of B in NURS 221. |
| YES  NO | I understand if I am scheduled for a spring distant clinical site, I must be successful in all nursing courses to progress into the Distant Site Program. |
| YES  NO | I understand that if I am scheduled for a spring distant clinical site, and I am at risk of failure in any nursing course, I may lose my eligibility to participate in the Distant Site Program upon a decision by the School of Nursing. |
| YES  NO | I understand acceptance into the Distant Site Program is a privilege and if my attitude, actions, unsafe behavior in the clinical setting, or decision by the Honor Council does not represent the Liberty University School of Nursing, I can be removed from the Distant Site Program and placed in a local clinical site. |

|  |
| --- |
| **OB/MED-SURG DISTANT SITE EXPERIENCE ESSAY** |
| Write an essay of 250 words or less, in APA format, entitled, **“Why I Want to Participate in a Junior Level Distant Site Experience,”** and submit it with my application. |
| **Why I Want to Participate in a Junior Level Distant Site Experience** |

|  |
| --- |
| **SIGNATURES** |
| ***By typing your name and date into the line below you are verifying that you have accurately completed this application and understand its requirements. Your typed name will serve as your signature.*** |
| **Signature of Applicant:** |
| **Date:** |

|  |
| --- |
| * ***Please save this document as (Your Last Name)- OB Med-Surg App 2019-2020***   ***For example: If your name is Kathryn Miller, your document would be named: Miller-OB Med-Surg App 2019-2020***   * ***Email document to*** [***nursingdistantsite@liberty.edu***](mailto:nursingdistantsite@liberty.edu) ***by due date on website.*** |