

Dear Applicant to Nurse Academy and Parent/Guardian,

Thank you for your interest in Nurse Academy 2010. Nurse Academy is designed for the mature student who is interested in exploring the profession of nursing through a two-day program full of hands-on activities and presentations. Nurse Academy will be held on Tuesday, July 13, 2010 and Thursday, July 15, 2010 from 7:30 AM to 5 PM. Nurse Academy will close with a recognition presentation including information about how to get into nursing school as well as a video summary of the two days. The recognition program will be followed by a mini-career/school fair with information about Certified Nurse Aide programs, nursing schools, and employment/volunteer opportunities. Parents are encouraged to attend the recognition presentation and career fair at 3PM on July 15th in room G013 in the School of Nursing.

Twenty-four students will be accepted into the Nurse Academy program. A waiting list will also be developed if needed. Applicants will be notified via email and telephone if they are accepted into the program by Monday, June 14, 2010.

Please review the enclosed application form. All forms are due in the Nurse Academy office no later than **Tuesday, June 1, 2010**. Incomplete applications will not be accepted. Please make sure both you and your parent/guardian sign each page of the application.

Documents to return:

- Part A of the Application
- Part B of the Application
- Written Essay
- Part D of the Application
- Photo Release Form

Return the completed application to:

Nurse Academy
c/o Heidi Boehm, RN, MSN
Mail Stop 2018
The University of Kansas Hospital
3901 Rainbow Blvd.
Kansas City, KS 66160

Part C: Letter of Reference

NAME OF PERSON WRITING REFERENCE: _____
PLEASE PRINT

RELATIONSHIP TO APPLICANT: _____
PLEASE PRINT

NAME OF APPLICANT: _____
PLEASE PRINT

TO REFERENCE WRITER: The above applicant is applying for acceptance to Nurse Academy at The University of Kansas Hospital. Please complete this form and return via email to nurseacademy@kumc.edu by **Tuesday, June 1, 2010** or by mail to:

Heidi Boehm, RN, MSN
Unit 43 Educator, Mail Stop 2018
The University of Kansas Hospital
3901 Rainbow Blvd.
Kansas City, KS 66160

Please rate the applicant using the checklist below.

EVALUATION OF STUDENT	DO NOT KNOW	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Overall academic ability					
Intellectual ability					
Conceptual ability					
Oral expression					
Writing ability					
Problem solving ability					
Overall Personal Skills					
Leadership					
Creativity					
Consistency					
Sense of responsibility					
Emotional stability					
Maturity					
Motivation					
Goal Directed Behavior					

Please answer the following questions about the applicant:

In what capacity have you known the applicant? _____

How long have you known the applicant? _____
Describe the applicant's ability to interact with others.

Describe qualities of the applicant which would contribute to his/her success in nursing. _____

What experiences has the applicant had which might have influenced his/her development favorably or unfavorably? _____

Additional Comments: _____

OVERALL RATING OF THIS CANDIDATE'S SUITABILITY FOR NURSING:

Highly recommend ____ Recommend ____ Do not recommend ____
Signature: _____ Position: _____
Institution or organization: _____
Address: _____
Phone number: _____ email: _____

Part C: Letter of Reference

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PLEASE PRINT

RELATIONSHIP TO APPLICANT: _____
PLEASE PRINT

NAME OF APPLICANT: _____
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Describe qualities of the applicant which would contribute to his/her success in nursing. _____

What experiences has the applicant had which might have influenced his/her development favorably or unfavorably? _____

Additional Comments: _____

OVERALL RATING OF THIS CANDIDATE'S SUITABILITY FOR NURSING:

Highly recommend ____ Recommend ____ Do not recommend ____
Signature: _____ Position: _____
Institution or organization: _____
Address: _____
Phone number: _____ email: _____

Part D: INTENT TO ATTEND IF ACCEPTED/Emergency Release

(Complete this form and sign if you intend to attend both days of Nurse Academy if accepted.)

NAME OF APPLICANT: _____

Shirt size (Circle one): S M L XL XXL

Food Allergies (Please list):

Special Accommodations (Please list):

This signature indicates that if accepted into the Nurse Academy Program, that you plan to attend for both days. If for some reason you are unable to attend, then you will notify the Nurse Academy Coordinator no later than **Monday, June 28, 2010.**

This signature also indicates that both the applicant and parent/guardian understand that should a participant require medical treatment during Nurse Academy, then he/she will be taken to the Emergency Department for treatment. This signature gives consent to treat.

Applicant's Signature

Date

Parent/Guardian's Signature

Date

**THE UNIVERSITY
OF KANSAS HOSPITAL**

**PERMISSION FOR MEDIA / PUBLIC RELATIONS USE OF PHOTOGRAPH AND RELEASE
NURSE ACADEMY PARTICIPANT NAME: _____**

I, _____ (*printed name*), give my (or the participant's) permission to the University of Kansas Hospital Authority ("Authority") and its employees, agents, representatives, and other personnel (collectively known as "Personnel") who are acting on behalf of the Authority to use, exhibit, or publish my (or the participant's) photograph, likeness, and/or image (collectively known as "Image"), as the Authority deems appropriate, for purposes related to any educational and/or public relations purpose of the Authority, including publicity, marketing, and promotion of the Authority and its various programs without compensation of any nature to me (or the participant). I fully understand my (or the participant's) image may be copied and distributed by means of various media, including still photographs, video presentations, television, news bulletins, mail outs, billboards or signs, brochures, placement on Authority website, other electronic delivery, or any and all similar publications. I also understand that my (or the participant's) image may be provided to and/or circulated to the general public and/or the media. I understand that I (or the participant) may be identified in these images and I do not object, though my name (or the participant's name) will not be published unless I specially agree below:

I DO I DO NOT give permission to the use of my name with these images. (*One box MUST be checked*)

WAIVER OF APPROVAL AND SURRENDER OF ALL RIGHTS ASSOCIATED WITH THE IMAGES:

I hereby waive any right to inspect or approve the finished product, or any material in which the Authority may eventually use the images, now or in the future, and without any notice to me (or the participant). I also give the Authority all rights, title and interest, including any copyright, in the images. Further, I agree that all public works made by or for the Authority using the images shall be exclusive property of the Authority. This permission form and release shall be binding upon my (or the participant's) heirs, successors, assigns, and legal representatives.

RELEASE:

I fully understand that the Authority may use the images as it deems appropriate for any purpose as set out in this permission form. I understand, however, the Authority cannot guarantee that any further dissemination of my (or the participant's) image will be subject to Authority supervision or control. Accordingly, I agree to release the Authority and its Personnel, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or by electronic media from and against any and all claims, damages or liability, arising from or related to the use of the images, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication or distribution.

I understand that this authorization may be revoked in writing at any time, except to the extent the Authority and/or its personnel have already taken action in reliance on this permission form.

I understand that the images released may be subject to re-disclosure by some people and may no longer be protected by federal and state privacy laws related to health information.

My permission for use of my (or the patient's) images will not expire unless revoked in writing.

I HAVE READ AND FULLY UNDERSTAND THE CONDITIONS AND IMPACT OF THIS CONSENT FORM.

Name (Signature)

Date Signed

Printed or Typed Name

Telephone Number

Address (Street and/or P.O. Box, City, State & Zip)

Relationship or Authority to act for and sign on behalf of the individual whose photograph/image is subject to this permission form. (*e.g. guardian or parent [if patient is a minor]*)

**To revoke this authorization please send a written request with a copy of this form to:
University of Kansas Hospital Authority, ATTN Public Relations, 3901 Rainbow Blvd., Kansas City, KS 66160**