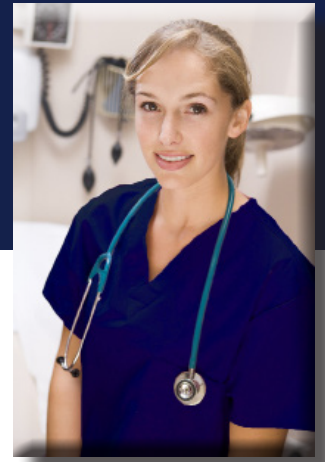


# Nurse Technician



The Nurse Technician program at Duncan Regional Hospital is for nursing students who want to experience the fundamentals of nursing as it really is. This eight-week program provides insight into procedures, surgeries, and patient experiences that help to reduce the anxiety that can come when new graduate nurses enter the workforce. Handpicked RN preceptors will guide you through this experience, and help you to make the most of your Summer Nurse Technician internship. Are you up to the challenge? Do you have the Commitment to Excellence that it takes to work for Duncan Regional Hospital?

## Nurse Technician I Dates

The program will begin in June following completion of the first year of the ADN or BSN nursing program. It is an eight week program that is tailored to the nursing students' interests. Nurse Tech I's are rotated through several nursing departments of their choosing, and are assigned to a registered nurse preceptor to enhance their learning experience. Duncan Regional Hospital prides itself on its commitment to excellence in the realm of education, and encourages nursing students to apprise themselves of such an opportunity. Many summer nurse techs find their niche here at DRH and continue their employment as a nurse tech post-summer in one of our many nursing departments.

## Nurse Tech Duties

The nurse tech may serve to care for the patient in the following ways:

- Patient personal hygiene
- Patient nutrition
- Patient activities
- Monitoring vital signs
- Patient treatments, including but not limited to dressing changes, NG tube placement, urinary catheterization, ostomy care, blood draws, etc.

## Eligibility

Nursing students who have successfully completed their first year of an accredited ADN or BSN program, and are enrolled in good standing for their sophomore or senior year. Preference is given to those students who possess a GPA of greater than 2.75 in their nursing courses. Work recommendations are to be able to work at least 24 - 36 hours per week; however, the program is flexible.

## How to Apply

Complete a DRH employment application, along with the Nurse Tech Program Supplemental Application and return to the Education Department. Applications can be obtained by calling the hospital, or by visiting our website at [www.duncanregional.com](http://www.duncanregional.com) In addition to your applications, please include both recommendation forms from your nursing instructors, a copy of your transcript with your GPA, and a short typed paragraph stating why you are interested in the DRH Summer Tech Program.

1407 Whisenant Dr.  
Duncan, OK 73533 • (580) 251-8817  
[www.duncanregional.com](http://www.duncanregional.com)

**DUNCAN**  
REGIONAL HOSPITAL



## 2020 NURSE TECHNICIAN SUMMER PROGRAM

NURSE TECHNICIAN - is an individual who has successfully completed the first year of nursing curriculum leading to becoming a registered nurse. The curriculum must include a fundamentals course.

### PURPOSE:

The nurse technician program provides opportunities to nursing students to obtain clinical experiences while enrolled in a program leading to becoming a Registered Nurse.

### GOAL:

To provide an organized (8) week training program for registered nurse students in an area of the student's choice.

### OBJECTIVES:

Participants in the nurse technician program will:

- Select area(s) of interest
- Identify 5 learning objectives
- Observe clinical practice of the RN preceptor (s) in their selected area(s)
- Perform those procedures agreed upon by the nurse techs and their preceptor
- **Under no circumstances administer any medications**
- Evaluate the program and submit the evaluation of the program to the Education Coordinator on the last day of the program
- Utilize the nurse technician skills checklist as a basis to determine appropriate skills

The following must be submitted with the completed application:

1. Copy of official or unofficial transcript through previous semester.
2. Two completed Faculty/Evaluation Forms in sealed envelopes. ( May be mailed directly to the Education Department or returned with application)
3. Typed paragraph stating why you want to be a Nurse Tech at Duncan Regional Hospital.
4. Completed DRH General Employment Application and Nurse Tech Application.



**2020 NURSE TECHNICIAN PROGRAM APPLICATION  
DUNCAN REGIONAL HOSPITAL**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

Grade point average (must be at least 2.75 in last 60 hrs. of curriculum): \_\_\_\_\_

School of Nursing attending: \_\_\_\_\_

Areas of interest (Please indicate at least 4 choices by ranking):

- |                          |                             |
|--------------------------|-----------------------------|
| ____ Obstetrics          | ____ Wound Care             |
| ____ Medical/Surgical    | ____ Transitional Care      |
| ____ ICU/CCU             | ____ Emergency Department   |
| ____ Surgery/Recovery    | ____ Orthopedics            |
| ____ Home Health Care    | ____ Ambulatory Care        |
| ____ Geriatric Psych     | ____ Outpatient Cancer Care |
| ____ Comprehensive Rehab |                             |

Please list three goals you would like to accomplish through the Nurse Tech Program:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Application deadline is **April 17, 2020 at 5:00 p.m.**

Please submit Nurse Tech application and DRH application for employment to Duncan Regional Hospital Education Center, Attention: Vera Budlong, RN, P.O. Box 2000, Duncan, Oklahoma, 73534. If you have any questions, please contact me by phone at 580-251-8817 or by e-mail at vera.budlong@duncanregional.com

**To be completed by an authorized school official:**

I, \_\_\_\_\_, attest that the above applicant is currently  
(Print Name and Title) enrolled in the stated School of Nursing and is  
in good standing.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**FACULTY EVALUATION/RECOMMENDATION  
DUNCAN REGIONAL HOSPITAL SUMMER NURSE TECH PROGRAM  
(To be completed by a Clinical Instructor)**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Education Institution: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

I had the above student in my clinical/class/both in the 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> semester of the ADN/BSN nursing program. (Circle all that apply)

I recommend them as a candidate for the Duncan Regional Hospital Summer Nurse Tech Program.

Listed below are the skills and abilities identified as essential to the safe and effective functioning of a student nurse. This evaluation is based on a scale of 4 to 1 as indicated below. Please individualize your rating of this applicant based on their demonstrated abilities.

4	3	2	1
<b>Performance consistently excels. Does much more than required. Distinguishes self as a role model.</b>	<b>Performance consistently meets requirements; occasionally contributes more than required.</b>	<b>Performance meets minimum requirements; opportunities for improvement exist.</b>	<b>Performance clearly unacceptable &amp; immediate improvement is required.</b>

4	3	2	1	<b>Uses effective therapeutic techniques of communication</b>
4	3	2	1	<b>Identifies the holistic needs of individual patients, including crisis intervention, therapeutic communication, and stress adaptation responses.</b>
4	3	2	1	<b>Uses the nursing process in providing care for a group of patients with increasingly complex needs and diagnoses.</b>
4	3	2	1	<b>Demonstrates the nursing role in preparing, assisting, and providing care for patients undergoing diagnostic tests and/or therapeutic procedures.</b>
4	3	2	1	<b>Performs safe, effective basic nursing care for patients.</b>
4	3	2	1	<b>Recognizes psychological needs of individual patients.</b>
4	3	2	1	<b>Demonstrates infection control measures, including medical and surgical asepsis.</b>
4	3	2	1	<b>Identifies and describes the structure and function of the human body.</b>
4	3	2	1	<b>Identifies nursing care, and teaching and treatment plans for a group of patients.</b>
4	3	2	1	<b>Recognizes the ethical and legal responsibilities of the nurse.</b>
4	3	2	1	<b>Demonstrates professional behavior in the clinical and academic setting.</b>

Additional Comments:

\_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_



**FACULTY EVALUATION/RECOMMENDATION  
DUNCAN REGIONAL HOSPITAL SUMMER NURSE TECH PROGRAM  
(To be completed by a Clinical/Class Instructor)**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Education Institution: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

I had the above student in my clinical/class/both in the 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> semester of the ADN/BSN nursing program. (Circle all that apply)

I recommend them as a candidate for the Duncan Regional Hospital Summer Nurse Tech Program.

Listed below are the skills and abilities identified as essential to the safe and effective functioning of a student nurse. This evaluation is based on a scale of 4 to 1 as indicated below. Please individualize your rating of this applicant based on their demonstrated abilities.

4	3	2	1
<b>Performance consistently excels. Does much more than required. Distinguishes self as a role model.</b>	<b>Performance consistently meets requirements; occasionally contributes more than required.</b>	<b>Performance meets minimum requirements; opportunities for improvement exist.</b>	<b>Performance clearly unacceptable &amp; immediate improvement is required.</b>

4	3	2	1	<b>Uses effective therapeutic techniques of communication</b>
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4	3	2	1	<b>Demonstrates the nursing role in preparing, assisting, and providing care for patients undergoing diagnostic tests and/or therapeutic procedures.</b>
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4	3	2	1	<b>Recognizes the ethical and legal responsibilities of the nurse.</b>
4	3	2	1	<b>Demonstrates professional behavior in the clinical and academic setting.</b>

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_





1407 Whisenant  
P.O. Box 2000  
Duncan, OK 73534-2000  
580-251-8595

**EMPLOYMENT  
APPLICATION**

**Personal**

Name (last, first, middle) \_\_\_\_\_ Date \_\_\_\_\_  
SSN \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If not a US citizen, do you have a work permit?  Yes  No If yes, please give expiration date \_\_\_\_\_  
Excluding minor traffic violations, have you ever been convicted of or pled guilty to a crime, pled nolo contendere, or received a deferred sentence?  Yes  No  
If yes, please describe \_\_\_\_\_

*(A conviction will not necessarily preclude you from employment.)*  
Are you 18 years of age or older?  Yes  No

**Job Preference**

Position(s) for which you are applying, in order of preference 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Check employment you desire:  Full time  Part time  Other \_\_\_\_\_ Shift(s) you can work:  Day  Evening  Night  
Will you work weekends and/or holidays?  Yes  No Date you can begin work \_\_\_\_\_ Minimum acceptable salary \_\_\_\_\_  
Have you ever worked for Duncan Regional Hospital?  Yes  No  
If yes, give your name, department/year \_\_\_\_\_  
Are you related to any Duncan Regional Hospital team member?  Yes  No  
If yes, give name, relationship and department \_\_\_\_\_

**Education**

Circle highest grade completed:	Year	Name & location of school	Major/minor	Grad? Yes/No
High school 9 10 11 12 GED				
College or university 1 2 3 4				
Vocational/business school				
Nursing school				
Other training or graduate school				

Professional licenses and certifications (if you are licensed in your particular field please answer)

Type	Organization/State Issued	License number	Issue date	Renewal number	Renewal date

**Skills**

Typing: \_\_\_\_\_ WPM  Medical terminology  Word processing  Dictaphone  10-key  PBX  
 Computer (type) \_\_\_\_\_  Word  Excel  Other \_\_\_\_\_  
Other skills \_\_\_\_\_

**Military Service (if applicable)**

Branch \_\_\_\_\_ Service dates: From \_\_\_\_\_ to \_\_\_\_\_  Active  Reserve

**Recruitment Information**

Please check reason(s) for choosing Duncan Regional Hospital:  
 Job line  Radio  Yellow Pages  Newspaper ad  Previously employed at DRH  Reputation of DRH  
 Recommended by current team member - please list name \_\_\_\_\_  
Other (explain) \_\_\_\_\_

## Work Experience

List all previous employers for whom you have worked. Start with your most recent employer and work back through previous positions.

1. Present (or most recent) employer \_\_\_\_\_ Business phone \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_  
Date started \_\_\_\_\_ Date ended \_\_\_\_\_ Supervisor \_\_\_\_\_ Ending salary \_\_\_\_\_  
Title and duties \_\_\_\_\_ FT PT Other \_\_\_\_\_  
Reasons for leaving \_\_\_\_\_ Your name while employed \_\_\_\_\_  
May we contact your current employer? Yes No

2. Employer \_\_\_\_\_ Business phone \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_  
Date started \_\_\_\_\_ Date ended \_\_\_\_\_ Supervisor \_\_\_\_\_ Ending salary \_\_\_\_\_  
Title and duties \_\_\_\_\_ FT PT Other \_\_\_\_\_  
Reasons for leaving \_\_\_\_\_ Your name while employed \_\_\_\_\_

3. Employer \_\_\_\_\_ Business phone \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_  
Date started \_\_\_\_\_ Date ended \_\_\_\_\_ Supervisor \_\_\_\_\_ Ending salary \_\_\_\_\_  
Title and duties \_\_\_\_\_ FT PT Other \_\_\_\_\_  
Reasons for leaving \_\_\_\_\_ Your name while employed \_\_\_\_\_

4. Employer \_\_\_\_\_ Business phone \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_  
Date started \_\_\_\_\_ Date ended \_\_\_\_\_ Supervisor \_\_\_\_\_ Ending salary \_\_\_\_\_  
Title and duties \_\_\_\_\_ FT PT Other \_\_\_\_\_  
Reasons for leaving \_\_\_\_\_ Your name while employed \_\_\_\_\_

EXPLAIN ALL PERIODS OF UNEMPLOYMENT \_\_\_\_\_  
\_\_\_\_\_

## Important - please read

APPLICATIONS ARE ACTIVE FOR 90 DAYS. I certify that all statements made in this application are true and complete to the best of my knowledge. I also understand that any false statements or omissions in this application will result in my application being rejected or my employment terminated.

I do hereby authorize any and all investigations deemed necessary by the hospital to verify the information contained herein and release Duncan Regional Hospital from any/all liability resulting from such investigation. I understand that Duncan Regional Hospital will not inform me of the details of any references received from previous employers.

I agree to submit to a physical examination including alcohol and drug screening if I am given a conditional job offer and understand that if I fail to pass, or refuse, I may not be hired by Duncan Regional Hospital or the offer of employment rescinded. Duncan Regional Hospital reserves the right to require its team members to submit to alcohol and drug screens and inspection of parcels brought into or taken out of the facility. I understand that refusal of such, when requested, could result in termination of employment.

I agree to conform to the DRH rules and regulations as made known to me at the time of employment or at any subsequent time. I understand that I may be required to take pre-employment tests as deemed necessary by the hospital.

I also understand that if employed, the terms and conditions of my employment, including duties, hours, working area and days of work, may be changed from time to time without notice by the hospital as it deems necessary and that employment with the hospital is at the mutual consent of the team member and the hospital. Accordingly, either the team member or the hospital may terminate the employment relationship with or without cause or notice. I understand that neither this application nor any documents given to me while employed by Duncan Regional Hospital constitute an employment contract of any kind.

I certify that I have not been sanctioned by, or excluded from, an Federal Health Care Programs. Such programs include, but are not limited to, Medicare, Medicaid, and Tri-care (formerly known as CHAMPUS.) I also certify that I have had NO civil monetary penalties imposed upon me in connection with any Federal Health Care Programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_