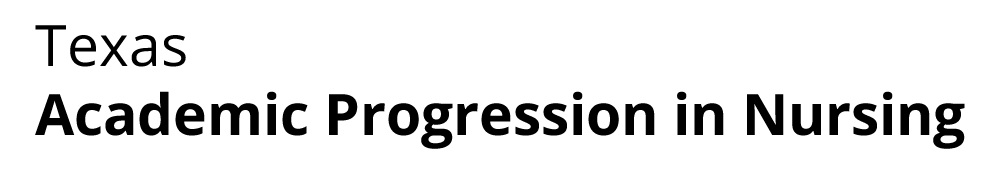
****

**Online Rural Nurse Residency Program Application**

|  |  |  |
| --- | --- | --- |
| **Instructions: Section A: fill out if you are a new BSN interested in working in a rural area in Texas. Section B: fill out if you are a rural nursing leader interested in hiring a new BSN nurse.**  **Send completed application to** [**apin@texasnurses.org**](mailto:apin@texasnurses.org) **or fax to: 512-452-0648; Attn: APIN Program Mgr.** | | |
| **SECTION A: New BSN to Complete** | | |
| **Name:** | | |
| **Phone:** | **Email:** | |
| **Address:** | | |
| **Nursing School:** | **Traditional BSN Nursing Program**  **RN-BSN Program** | |
| **Date of Graduation:** |  | |
| **Are you a currently employed? Yes/No**  **If Yes, where?** | **Position:** | |
| **Date Available to Start Rural Nurse Residency:** | | |
| **Other Health Care Experience**  **Intern/Extern  Nurse’s Aide  Other, specify:** | | |
| **Please describe why you are interested in working in a rural hospital:** | | |
| **Section B: Rural Nurse Leader to Complete** | | |
| **Name of Hospital:** | | |
| **Address:** | | |
| **Contact Name:** | **Contact Email:** | |
| **Contact Phone:** | **# of BSNs planning to hire:** | |
| **Expected Start Date of Rural Nurse Resident(s):** | | |
| **Number of BSN prepared nurses on staff** | | **Facility size (# of Beds):** |

**Send completed application to** [**apin@texasnurses.org**](mailto:apin@texasnurses.org) **or fax to: 512-452-0648; Attn: APIN Program Mgr.**

**Visit us at** [**www.texasapin.org**](http://www.texasapin.org)