

Dear Applicant to Nurse Academy and Parent/Guardian,

Thank you for your interest in Nurse Academy 2021. Nurse Academy is designed for the student who is interested in exploring the profession of nursing through an in-person two-day program full of hands-on activities and presentations. Nurse Academy might also need to be held by virtual session, if indicated by coronavirus prevention measures in place at that time. Nurse Academy will be held on the following days for students entering the 11th grade, 12th grade, or freshman year in college. Thanks to many generous donors and sponsors, there is no cost to participate in Nurse Academy.

Tuesday, July 27, and Wednesday, July 28, 2021, from 7:30 a.m. to 5 p.m. both days

Nurse Academy will include information about Certified Nurse Aide programs, nursing schools, and employment/volunteer opportunities. We will close with a special presentation and a summary of the two days.

Thirty (30) students will be accepted into the Nurse Academy program. Due to the large response of applicants, a wait list will be developed. **Student applicants will be notified primarily by email and/or telephone if they are accepted or placed on the wait list into the program by Friday, April 30, 2021.**

Participants will need to uphold the following professional standards during Nurse Academy. Participants are expected to:

- Interact and participate in all activities of Nurse Academy.
- Access cell phones only during designated breaks and limit use over lunch.
- Wear appropriate clothing (i.e. nice jeans or slacks, without rips or holes) and close-toe shoes for a professional appearance
- Observe social distancing guidelines
- Practice hand hygiene
- Wear a mask at all times, covering both nose and mouth

Please review the following application. All forms are due **Monday, April 12, 2021**. Incomplete applications will not be accepted. Please make sure both the student and parent/guardian sign the application. Documents to return:

- ___ Part A: Application for Admission
- ___ Part B: Personal Experiences
- ___ Part C: Written Essay
- ___ Part D: Letters of Reference*
- ___ Part E: Signed Consents
- ___ Photo Release Form

*The Letters of Reference (Part D) may be mailed/emailed separately from the rest of the application; otherwise, please submit all other parts of the application together.

Return the completed application to:
University of Kansas Hospital
Attn: Hannah Morales MS2018
4000 Cambridge Street
Kansas City, KS 66160

OR The application can be emailed to
nurseacademy@kumc.edu.
(Only submit as a PDF or Word document)

Should questions arise, please feel free to contact: nurseacademy@kumc.edu

Part C: Written Essay

Please include a brief essay with your application answering all three of the following questions (no more than one page in length. You may type your essay on this page or attach it as a separate document).

- What interests you in Nurse Academy and what makes you a good candidate?
- Describe any experience you have had with the health care industry.
- Think about a difficult experience in your life. Explain what personal strengths you have that helped you face the situation.

Part D: Reference Form (One Reference form **must** be completed by a teacher, the 2nd reference form can be from a teacher, coach, religious affiliate, employer, or family friend.) **Reference forms from family members will not be accepted. A separate reference letter from this form is not required.**

Name of person writing the reference: _____
PLEASE PRINT

Relationship to applicant: _____
PLEASE PRINT

Name of applicant: _____
PLEASE PRINT

To the Reference Writer: The above applicant is applying for acceptance to Nurse Academy at The University of Kansas Hospital. **Please complete this form by the submission deadline of April 12, 2021. You may complete this reference electronically and email to nurseacademy@kumc.edu, or you can place letter of reference in a sealed envelope and return it to the student for the student to mail. Please know that mailing reference letters may take up to two weeks.**

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					
Critical thinking skills					
Oral expression					
Problem solving ability					
Overall Personal Skills					
Leadership					
Creativity					
Reliability					
Sense of responsibility					
Emotional stability					
Maturity					
Motivation					

Please answer the following questions about the applicant:

In what capacity have you known the applicant?

How long have you known the applicant?

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

Additional Comments:

Overall rating of this candidate's suitability for Nurse Academy:

Highly recommend ____ Recommend ____ Do not recommend ____

Signature: _____ Position/Title: _____

Institution or organization: _____

Address: _____

Phone number: _____ email: _____

Part D: Reference Form (One Reference form **must** be completed by a teacher, the 2nd reference form can be from a teacher, coach, religious affiliate, employer, or family friend.) **Reference forms from family members will not be accepted. A separate reference letter from this form is not required.**

Name of person writing the reference: _____
PLEASE PRINT

Relationship to applicant: _____
PLEASE PRINT

Name of applicant: _____
PLEASE PRINT

To the Reference Writer: The above applicant is applying for acceptance to Nurse Academy at The University of Kansas Hospital. **Please complete this form by the submission deadline of April 12, 2021. You may complete this reference electronically and email to nurseacademy@kumc.edu, or you can place letter of reference in a sealed envelope and return it to the student for the student to mail. Please know that mailing reference letters may take up to two weeks.**

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					
Critical thinking skills					
Oral expression					
Problem solving ability					
Overall Personal Skills					
Leadership					
Creativity					
Reliability					
Sense of responsibility					
Emotional stability					
Maturity					
Motivation					

Please answer the following questions about the applicant:

In what capacity have you known the applicant?

How long have you known the applicant?

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

Additional Comments:

Overall rating of this candidate's suitability for Nurse Academy:

Highly recommend ____ Recommend ____ Do not recommend ____

Signature: _____ Position/Title: _____

Institution or organization: _____

Address: _____

Phone number: _____ email: _____

Part E: Acknowledgement/Consent

Name of applicant: _____

This signature indicates that if accepted into the Nurse Academy Program, you plan to attend both days. If for some reason you are unable to attend, then you will notify Hannah Morales, Nurse Academy Coordinator @ 913-588-5426 or Nurseacademy@kumc.edu, no later than Monday, July 13, 2021.

This signature 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.

This signature indicates that the applicant understands & agrees to follow the Professional standards outlined in the application and again below.

Professional Standards:

- I will be interactive and participate in the activities of Nurse Academy.
- I will have my cell phone turned off during the day except during breaks and lunch.
- I will wear appropriate clothing to honor a professional appearance (i.e. nice jeans or slacks, without holes, and closed toe shoes).
- Observe social distancing guidelines
- Practice hand hygiene
- Wear a mask at all times, covering both nose and mouth

Applicant's Signature

Date

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date



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.

An electronic signature is appropriate for this form.

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

Signature of Parent/Guardian

Date Signed

Printed/Typed Name of Parent/Guardian

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, 4000 Cambridge St., Kansas City, KS 66160