

VILLANOVA UNIVERSITY  
COLLEGE OF NURSING  
GRADUATE PROGRAM

**DIRECTIONS TO COMPLETING PRACTICUM APPLICATION**

**DUE DATE** Dates for submission of Practicum applications vary depending on the semester in which you plan to enroll in the Practicum. All typewritten applications are due on or before:

**October 1 for a Spring enrollment**  
**February 1 for a Summer enrollment**  
**February 1 for a Fall enrollment**

- ◆ **RESUME** Three copies of an updated resume must be attached to the Practicum application.
- ◆ **PERSONAL EXPECTATION AND OBJECTIVES** Three copies of your objectives must be attached to the Practicum application.
- ◆ **HEALTH EXAMINATION** The signed and dated health examination form (attached) must be submitted to the Graduate Program office at least one month prior to the start of the semester/term in which you plan to enroll in the Practicum (i.e., by April 1 for a Summer enrollment, by August 1 for a Fall enrollment, or by December 15 for a Spring enrollment). Our contracts with affiliating agencies require us to have a health assessment form on file for each student at the start of the experience, and we cannot jeopardize those contracts. The health examination is valid for a period of one year; if it expires during your Practicum experience, you must submit another completed form.
- ◆ **LIABILITY INSURANCE** One copy of the face page of your policy, specifically indicating the effective coverage dates and the amount of coverage, must be attached to your Practicum application. Some agencies require a specific amount of coverage (e.g., \$1,000,000/ \$3,000,000) for staff and affiliating students; any student placed at such an agency will be notified of the coverage required and expected to submit the necessary documentation. If your insurance coverage expires during the semester/term in which you are enrolled in the Practicum, you must submit a copy of the new policy information immediately upon receipt of it.
- ◆ **CPR CERTIFICATION** One copy of your CPR certification card must be attached to your Practicum application. The CPR certification on file must be for course C; any student who has completed a CPR course A or B will be required to complete the appropriate course and submit the necessary documentation. If your certification expires during the semester/term in which you are enrolled in the Practicum, you must submit a copy of the new card immediately upon its receipt.
- ◆ **RN LICENSURE** One copy of the display certificate (i.e., 5x4.5 inch), NOT the wallet size license, **must be attached** to your Practicum application. If your license expires during the semester/term in which you are enrolled in the Practicum, you must submit a copy of the new display certificate immediately upon its receipt. If your Practicum is planned for a state other than the state of your current license, you must seek licensure in that state immediately and keep the Graduate Program apprised of the status of this license. International students must attach documentation regarding licensure to practice nursing in their home countries (if applicable).
- ◆ **CRIMINAL BACKGROUND CHECK, CHILD ABUSE CLEARANCE AND URINE DRUG SCREENING** Current policies and regulations of health care facilities and regulatory bodies now require that students participating in clinical experiences as part of their educational program have a satisfactorily completed criminal background check prior to engaging in clinical activities in order to ensure patient safety. All students matriculating in the College of Nursing clinical courses or programs are required to complete a criminal background check, child abuse clearance and urine drug screening deemed satisfactory, in the sole judgment of the College of Nursing, as a condition of their acceptance into the nursing program. If a completed background check report was not completed at the time of your admission into the Graduate Program, please go to: [www.villanovabackgroundcheck.com](http://www.villanovabackgroundcheck.com) and follow all instructions for the completion of Package 1: Comprehensive PA Background Check and Drug Screen, and Package 3 or 4: DPW Electronic FBI Fingerprint Search depending on where you live.

DIRECTIONS TO COMPLETING PRACTICUM APPLICATION  
Page 2

- ◆ **NAME PIN** You are expected to purchase a name pin identifying you as a Villanova student. Please refer to the following link: <http://shop.advanceweb.com/villanovanurse>. Your badge should read:  
Name, BSN, RN.

**CHECKLIST** Please complete the checklist indicating a complete application packed has been submitted.

**CONTENTS** The application packet must include the following:

- Completed Application Form
- Updated Resume (**3 copies**)
- Personal Expectations/Learning Objectives (**3 copies**)
- Documentation of Current Liability Insurance
- Documentation of Current CPR Certification
- Documentation of Current RN Licensure
- Documentation of Completed Background Check  
(if not completed at time of acceptance into Graduate Program)
- Documentation of Completed PA Child Abuse Clearance

No student may begin the Practicum experience until a current signed and dated Health Examination form is on file in the Graduate Program office at least one month prior to start of semester.

**PLANNING MEETING** You will be notified by the faculty teaching the Practicum of a planning meeting. You **must** attend this meeting.

**NOTE:** Students are NOT to contact agencies about potential placements; this will be done by the faculty.

**NOTE:** Completion of the Placement Preference sheet is only an indication of your preferences. It is NOT a "guarantee" that the requests will be fulfilled.

**NOTE:** No student may do a Practicum in any agency where she/he is employed.

Please detach this page and keep it for future reference.

**IMPORTANT:**  
**PLEASE KEEP A COPY OF YOUR COMPLETED APPLICATION AND ALL MATERIAL SUBMITTED WITH THE APPLICATION.**

VILLANOVA UNIVERSITY  
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**PRACTICUM APPLICATION**

**SEMESTER REQUESTED:** Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_  
(year) (year) (year)

**TYPE OF PRACTICUM (CHECK ONE)**

TEACHING (NUR 8954)

CLINICAL (NUR 8921, 8923, 8925, 8927, 8929)

HEALTH CARE ADMINISTRATION (NUR 8948)

**NURSE PRACTITIONERS**

8612 (Family); 8812 (Pediatric); 8512 (Adult/Gerontology)

8614 (Family) 8814 (Pediatric) 8514 (Adult/Gerontology)

8610 (Family) 9002 (Independent Study) 8510 (Adult/Gerontology)

**NAME:**

**HOME ADDRESS:**

**TELEPHONE NUMBER:**

**EMPLOYER:**

**POSITION TITLE:**

**WHAT IS YOUR CURRENT AREA OF CLINICAL PRACTICE? (check one)**

Adult Health Nursing

Community Health Nursing

Gerontological Health Nursing

Parent/Child Health Nursing

Psychiatric/Mental Health Nursing

**SUMMARY OF PAST EXPERIENCES:**

\_\_\_\_\_ Years/Months in Clinical Practice  
\_\_\_\_\_ Years/Months in Middle Management  
\_\_\_\_\_ Years/Months in Upper Management  
\_\_\_\_\_ Years/Months in Teaching  
\_\_\_\_\_ Years/Months in Case Management

**PLAN FOR YOUR PRACTICUM EXPERIENCES:**

TYPE OF SETTING: (check one)

Acute Care Hospital	Rehabilitation Institute
Community/Ambulatory Agency	Associate Degree Program
Hospice	RN/BSN Program
Long-Term Care Facility	Baccalaureate Program
Insurance Company	Industry
Other (please specify)	

**PERSONAL EXPECTATIONS and LEARNING OBJECTIVE: (Include three copies with you application.)**

The Practicum experience is designed to assist you in reaching your career goals and expanding your knowledge base. To assist us in providing you with an experience suited to you needs, interests and abilities, please **describe your expectations** regarding this experience. What do you expect to gain? What specific client population would you like to focus on (for the clinical practicum)? What areas would you like to explore? What experiences would you like to **emphasize**? This information should be on a separate sheet of paper. Include three copies with your application packet.

**PLACEMENT PREFERENCES:**

Considering the information you provided above, please list your three practicum placement preferences and your rationale for each. **If** you know of a specific contact person in an agency, please provide that person's name, title and phone number. Please provide the agency's address and phone number.

**NAME OF AGENCY FOR YOUR FIRST PREFERENCE FOR A PRACTICUM PLACEMENT:**

NAME OF CONTACT PERSON:

TELEPHONE #:

RATIONALE FOR THIS REQUEST:

**NAME OF AGENCY FOR YOUR SECOND PREFERENCE FOR A PRACTICUM PLACEMENT:**

NAME OF CONTACT PERSON:

TELEPHONE #:

RATIONALE FOR THIS REQUEST:

**NAME OF AGENCY FOR YOUR THIRD PREFERENCE FOR A PRACTICUM PLACEMENT:**

NAME OF CONTACT PERSON:

TELEPHONE #:

RATIONALE FOR THIS REQUEST:

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**PRACTICUM APPLICATION CHECKLIST**

**Name:**

**Course Title:**

**Date Submitted:**

REQUIREMENT	DATE SUBMITTED	COMMENTS
Complete Application Form		
Personal Expectations and Learning Objectives (3 copies)		
Updated Resume (3 copies)		
Documentation of Current Liability Insurance		
Documentation of Current CPR Certification (1 copy)		
Documentation of Current RN Licensure (1 copy)		
Health Examination (1 copy)		
Criminal Background Check (1 copy) (on file in the Graduate Office)		May need to be updated at the request of the Agency.

**NOTE:** No contact will be made with affiliating agencies regarding potential Practicum placements until a **complete** Practicum Application is filed in the Graduate Program Office.

**NOTE:** The health form is to be on file in the Graduate Program Office **at least one month prior** to the start of the Practicum.

**VILLANOVA UNIVERSITY  
COLLEGE OF NURSING  
PRE-CLINICAL HISTORY AND PHYSICAL**

Name of Student \_\_\_\_\_ Date of Examination \_\_\_\_\_

**IMMUNIZATION HISTORY**

**Varicella:**

Immunity to varicella as evident by the following:

- \_\_\_\_\_ Varicella titer indicating immunity
- \_\_\_\_\_ Documented history of varicella vaccination (Two immunizations if the first is given after age 12 and one immunization is given before age 12)

**Rubella:**

\_\_\_\_\_ A copy of titer indicating immunity to rubella is attached.

**Measles:**

Immunity to measles as evident by one of the following:

- \_\_\_\_\_ Rubeola titer indicating immunity
- \_\_\_\_\_ Measles or MMR vaccine (If born before 1957, one dose is required if born after 1957, two doses are required)

**Mumps:**

Immunity to mumps as evident by the following:

- \_\_\_\_\_ Mumps titer indicating immunity

**Tetanus, diphtheria, pertussis (Tdap):**

\_\_\_\_\_ Documented proof of immunity by a onetime adult dose of Tdap

**Hepatitis B:**

\_\_\_\_\_ Documentation of dates of three shot series:

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

**Tuberculosis:**

- \_\_\_\_\_ Date of PPD (within the past 12 months)
- \_\_\_\_\_ Result of test
- \_\_\_\_\_ Quantiferon Gold if positive PPD
- \_\_\_\_\_ Chest x-ray if applicable. Comments \_\_\_\_\_

**Influenza:**

\_\_\_\_\_ If clinical is between October and March, documentation of most recent seasonal influenza vaccination or letter of declination for medical reasons

**The above individual has been examined by me and is free of communicable disease. In addition, the above student is free of any physical or psychological conditions which would impair his or her ability to perform the function required of a nurse in the graduate program at Villanova University.**

Print Name of Examiner \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Examiner \_\_\_\_\_

Address of Examiner \_\_\_\_\_

\_\_\_\_\_