



MercyOne North Iowa and MercyOne New Hampton ARNP Match Program: APPLICATION FOR ADMISSION

Purpose: As a community based teaching organization, MercyOne North Iowa and MercyOne New Hampton (Mercy) strives to align demand with preceptor capacity in order to provide optimal learning experiences for students.

We invite you to apply to our ARNP Match Program to complete your required clinical rotations with our organization. The number of available spots offered in the ARNP Match Program may vary from year-to-year, and the number of students selected are at the sole discretion of MercyOne.

Eligibility: To be considered for MercyOne North Iowa's ARNP Match Program, individuals must be currently enrolled in an accredited college or university's Advanced Practice Registered Nurse Program. Individuals are required to have two (2) years of full time clinical experience in a patient care setting. Five (5) years of full time clinical experience in a patient care setting is preferred.

Application Due Date: See table. Completed applications include this application form, required transcripts, and recommendation forms as outlined in page four of this application.

Time Frame of 1 st Clinical Rotation Request	Application Due Date Completed Application must be received by:
Summer 2024 (May – August)	January 31, 2024
Fall 2024 (Sept – Dec)	May 31, 2024
Spring 2025 (January – April)	September 30, 2024
Summer 2025 (May – August)	January 31, 2025
Fall 2025 (Sept – Dec)	May 31, 2025
Spring 2026 (January – April)	September 30, 2025
Summer 2026 (May – August)	January 31, 2026
Fall 2026 (Sept – Dec)	May 31, 2026

NAME: _____
Last
First
Middle

PRESENT ADDRESS: _____
Address
City
State/Zip

PERMANENT ADDRESS: _____
 (If different from above) Address City State/Zip

Daytime Phone #: (_____) _____ Evening Phone #: (_____) _____

Email Address: _____

Do you need sponsorship to work in the United States? _____

MEDICAL LICENSURE:

RN License #: _____ State: _____ Expiration Date: _____

Has your RN License ever been suspended, revoked, voluntarily terminated? If yes, please explain. _____

EDUCATION:

Education	Institution and Location	Dates Attended	Expected Graduation Date	Has this education been extended or interrupted due to suspension or academic performance? If yes, please explain	Specific ARNP Field of Study
Current ARNP Education					



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Education	Institution, Location, Field of Study	Dates Attended	Completed Degree Date	Was this education extended or interrupted due to suspension or academic performance? If yes, please explain	Degree
BS/BA Education					
ADN Education					
Other Post High School Education					

WORK HISTORY/EXPERIENCE:

Organization Name & Location	Position	Dates	Average Hours/Week	Supervisor's Name and Contact Information	Description and Reason for Leaving

HONORS/AWARDS/MEMBERSHIPS:

Honor/Award in Last Five (5) Years:
Membership in Honorary/Professional Societies in Last Five (5) Years:



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CERTIFICATION/ATTESTATIONS

1. I understand I am applying to MercyOne North Iowa and MercyOne New Hampton's ARNP Match Program to complete my Advanced Registered Nurse Practitioner student clinical rotations required by my college or university in which I have been accepted into or currently enrolled.
2. I understand I must apply and be accepted into Mercy's ARNP Match Program to complete clinical rotations at MercyOne North Iowa and MercyOne New Hampton.
3. I understand that if I am not accepted into Mercy's ARNP Match Program, I will not be able to request further clinical rotations with MercyOne North Iowa and MercyOne New Hampton for the current academic timeframe in which I am applying. I understand I may submit an application for future ARNP Match Program consideration for future academic year(s).
4. I understand that the clinical experience I will receive at MercyOne North Iowa and MercyOne New Hampton shall be received as a student and not as an employee of MercyOne North Iowa or MercyOne New Hampton.
5. I understand there are no guarantees of employment at MercyOne North Iowa and MercyOne New Hampton upon the completion of my student clinical rotations through Mercy's ARNP Match Program.
6. If accepted into Mercy's ARNP Match Program, I understand my school will be required to secure a contract/affiliation agreement with MercyOne North Iowa and MercyOne New Hampton outlining requirements to complete clinical rotations. Requirements include, but not limited to compliance with all rules, regulations, standards, bylaws, and policies and procedures of MercyOne North Iowa and MercyOne New Hampton and its affiliates, completion of current BLS Certification, immunization requirements, online orientation, student contract, and completion of a cleared national background check (including dependent adult abuse, child abuse, criminal history, and sex offender).
7. I understand that if I am a current MercyOne North Iowa or MercyOne New Hampton colleague, my current leader will be asked to complete an internal reference form.
8. I certify that the information contained within this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration from this program or may constitute cause for dismissal from the program.
9. I attest that I meet the eligibility requirements to apply for Mercy's ARNP Match Program listed on the top of the first page of this application.
10. I understand the number of available spots offered in Mercy's ARNP Match Program may vary from year-to-year and selections are made based on the sole discretion of Mercy.
11. I understand it is my responsibility to submit all application materials by the due date identified in the table on page one of this application. These application materials include this Application for Admission, my official transcripts, and Applicant Recommendation Forms. I understand that my application will not be considered if I do not submit all required material by the due date.
12. I have read this entire application carefully and have had sufficient opportunity to ask questions and have it explained to me before signing it.

Signature of Applicant

Date

NEXT STEPS

Submit the **application, transcripts, and recommendation forms** by the application due date outlined on page one of this application.

- **Application for Admission Form**
 - Completed and signed. *Incomplete applications will not be considered.*
 - Email completed application to hoveys@mercyhealth.com
- **Official College Transcripts**
 - Official transcripts from your current ARNP education program and last completed degree must be sent directly to the below address or emailed from your school to hoveys@mercyhealth.com
- **Applicant Recommendation Forms** (printed from the website).
 - A recommendation must be received directly from each of the below individuals (*You may need to provide them a stamped envelope or this email address: hoveys@mercyhealth.com*):
 - a. Professional Recommendation (i.e. individual you serve with on a committee, individual you currently or previously worked with)
 - b. Current Leader Recommendation
 - c. Physician Recommendation

Please send all correspondence to:
 MercyOne North Iowa Medical Center
 ATTN: Susan Hovey, Education Dept, McAuley Hall
 1000 4th Street SW
 Mason City, IA 50401