



Applicant Name:

Student Number:

UVic Email:

Faculty Reference Form by:

Please Note:

- Completed during CPE 5 (NURS 475) and Nursing Practice VIII: Transitions (NURS 491) 12 weeks between January and April
- One application per student from **one of the four** areas below
- Submit application electronically to nursprac@uvic.ca by **4pm, Friday May 25, 2018**; no late/incomplete applications accepted
- Submit \$100 administrative fee to SON office by May 25, 2018: cash, cheque or money order (payable to University of Victoria)
- UVic Faculty Application Review Committee reviews all applications and forwards successful applications to the Practica Coordinator for review--UVic SON and Practice Partner must both agree to accept the applicant
- Application is not a guarantee of a practicum request being accepted; this is a competitive process.
- Student must be in good standing. All practice and academic courses prior to the start of the January to April term must be successfully completed
- If unsuccessful, students will be assigned from remaining available Island Health requests

<input type="checkbox"/> Emergency Department Partnership: BCIT & various health authorities	<input type="checkbox"/> Operating Room Partnership: Island Health	<input type="checkbox"/> Neonatal Intensive Care Partnership: Island Health	<input type="checkbox"/> Off-site (outside South IH) Partnerships: nursing sites in Canada
Pre- Practicum Applicant Responsibilities		During/Post-Practicum Student Responsibilities	
<input type="checkbox"/> Information Session		<input type="checkbox"/> Plan schedule with instructor and preceptor	
<input type="checkbox"/> Faculty Reference Form		<input type="checkbox"/> Regular connections with instructor and preceptor as per syllabus	
<input type="checkbox"/> Application submitted by email in Word with title: (ED/OR/Offsite/NICU) Application plus initials		<input type="checkbox"/> Keep emergency contacts, immunizations and other safety information with you	
<input type="checkbox"/> \$100 non-refundable fee submitted		<input type="checkbox"/> Brief report to instructor of process insights for future planning	
UVic Faculty Reviews Committee Responsibilities		Health Authority	
<input type="checkbox"/> Notify applicant of conditional acceptance by UVic Faculty Application Review Committee		<input type="checkbox"/> Student interview with HA to confirm fit (ED{IH}, OR and NICU only)	
<input type="checkbox"/> Successful application forwarded to Practica Coordinator and then Health Authority for acceptance		<input type="checkbox"/> Assign preceptor(s)	
<input type="checkbox"/> Unsuccessful applicant notified by UVic Faculty Application Review Committee and referred to Practica Coordinator			

Application cover letter and current résumé (both named and anonymous): Two page letter maximum addressing items below:

1. Reasons for choosing specialty/offsite request and how this choice fits with your learning and professional career goals
2. What experience you bring that prepares you for the request



3. How you will attend to the extra learning/workload required
4. Site preference; Health Authority, hospital, unit, service
5. For ED and OR applications, please list your preferences

