

The UAMS Integrated Clinical Enterprise (ICE) Externship Program/Contract

Name: _____

School: _____

Date of Graduation: _____

Are you currently employed? (circle one) **Yes No**

If yes, state name of employer: _____

Are you currently under contract to work upon graduation? (circle one) **Yes No**

If yes, state name of employer: _____

Area/Shift:

The purpose of the Extern Program is to enhance clinical competencies. Therefore, students will be assigned to work A or P shift on a specific nursing area. Opportunities to work in alternative settings will also be offered. Every effort will be made to accommodate rankings but **is not guaranteed**. Please rank in order starting with 1. indicating your first choice for both shifts and areas:

A: 6:30A-7P or **P:** 6:30P-7A

Shifts Available:

- ___ A M-F (rotation to WE)
- ___ P M-F (rotation to WE)
- ___ A Sa./Su. (+1 shift M-F)
- ___ P Fri./Sa./Su.

Areas Available:

- ___ Med./Surg.
- ___ ICU
- ___ Women's Service Line (Perinatal, Antepartum, Labor & Delivery or Neonatal ICU)

Program Requirements:

- Student committed to work at least 1 year with UAMS ICE upon graduation.
- Student required to purchase "designated" uniform.
- Student required to work **same schedule** as preceptor.
- Student required to attend additional two (2) hour bi-weekly seminar. Specific days/times **vary** based on instructor availability (usually Monday at 0730 – 0930).
- Student cannot be paid for any time over 40 hours/week.
- Student allowed to continue working after completion of program, if opening available.
- Student required to adhere to hospital policies and standards.
- Student committed to **no absences or tardiness**.
 - *college credit **will not** be issued for any absences
- Signed contract indicates student's obligation to adhere to program requirements.

Signature

Date