*2024 SUMMER STUDENT NURSE EXTERNSHIP PROGRAM*

**STUDENT PARTICIPATION AGREEMENT**

The Externship program is a joint effort between the Mississippi Council of Deans and Directors of Schools of Nursing and the Mississippi Hospital Association Organization of Nurse Executives.

**The goals of the student nurse externship program are as follows:**

* Provide students in nursing with an opportunity to enhance previously learned competencies, i.e., critical thinking, clinical judgment, critical reasoning, time management, communication, teamwork, people management; under the supervision of experienced registered nurses in the healthcare setting.
* Assist students of nursing to experience acceptance in a work situation appropriate to their potential as future registered nurses;
* Prepare students in nursing to assume responsibilities of full-time employees with respect to performance requirements, policies, and procedures of a health care agency; and
* Encourage retention of nursing graduates through provision of supplemental practice experience within the workplace.

**As a participant in the student nurse externship program, I acknowledge that I**

* **Am enrolled in an approved MS Summer Student Nurse Externship course for the summer 2024 term.**
* **Am enrolled in an accredited program preparing candidates for registered nursing licensure and have successfully completed one academic year of clinical courses in nursing or two clinical semesters of clinical courses in nursing.**
* **Will fully commit to this summer’s program and complete the 320-hour requirement as quickly as possible.  
  Furthermore, I will not purposely or knowingly schedule activities (trips, vacations, etc.) that require my absence from the workplace.**
* **Am in good standing in the school of nursing documented by the office of enrollment management / registrar’s office.**
* **Have completed content identified on the SKILLS CHECKLIST within the assigned clinical area.**
* **Have read and agree to abide by the Mississippi Student Nurse Externship Guidelines.**
* **Authorize my school of nursing and the agency in which I will be an extern to exchange information related to my student record; externship application; pre-employment screening, including but not limited to drug screening; performance as an extern; and any other information relevant to me as a student nurse extern.**

**By signing this document, I confirm that I meet the criteria outlined in this agreement.**

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| ***Date*** | ***Student Nurse Extern*** | ***Witnessed by*** |