

# COLLEGE OF EDUCATION

## WILLIAM PATERSON UNIVERSITY

### School Nurse Clinical Experience

**Instructions:** Please type requested information within each cell. Once completed, print and return to the Office of Field Experiences no later than two weeks before the start of the semester.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ 855# \_\_\_\_\_

WP e-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (street and town) \_\_\_\_\_

Special Considerations in Placement

I will need WP to find a placement for my clinical experience.

I will complete my clinical experience in the school in which I work as a school nurse. (complete the information below)

School District \_\_\_\_\_

School Address (Street, City, State) \_\_\_\_\_

Semester and Year participating in clinical experience. \_\_\_\_\_

Application will only be accepted by the School Nurse Program if all of the following are included:

Current copy of NJ RN license

NJ DOE Background Check

Personal health insurance

Current copy of CPR card (must have AED)

Current Mantoux Test results

Malpractice insurance

Flu vaccine

School Nurse Program Director: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_