



2025 NURSE TECHNICIAN SUMMER PROGRAM

NURSE TECHNICIAN - is an individual who has successfully completed the first year of nursing curriculum leading to becoming a registered nurse. The curriculum must include a fundamentals course.

PURPOSE:

The nurse technician program provides opportunities to nursing students to obtain clinical experiences while enrolled in a program leading to becoming a Registered Nurse.

GOAL:

To provide an organized (8) week training program for registered nurse students in an area of the student's choice.

OBJECTIVES:

Participants in the nurse technician program will:

- Identify 5 learning objectives
- Observe clinical practice of the RN preceptor (s) in all areas of the hospital
- Perform those procedures agreed upon by the nurse techs and their preceptor
- **Under no circumstances administer any medications**
- Evaluate the program and submit the evaluation of the program.
- Utilize the nurse technician skills checklist as a basis to determine appropriate skills

The following must be submitted with the completed application:

1. Copy of official or unofficial transcript through previous semester.
2. Two completed Faculty/Evaluation Forms in sealed envelopes. (May be mailed directly to the Education Department or returned with application)
3. Typed paragraph stating why you want to be a Nurse Tech at Duncan Regional Health.
4. Completed DRH General Employment Application and Nurse Tech Application.



**2025 NURSE TECHNICIAN PROGRAM APPLICATION
DUNCAN REGIONAL HEALTH**

Name: _____ Date: _____

Address: _____

Email Address: _____

Telephone: (____) _____ Cell Phone (____) _____

Expected date of graduation: _____

Grade point average (must be at least 2.75 in last 60 hrs. of curriculum): _____

School of Nursing attending: _____

Please list three goals you would like to accomplish through the Nurse Tech Program:

1. _____
2. _____
3. _____

Application deadline is **April 1st, 2025 at 4:30pm.**

To be completed by an authorized school official:

I, _____, attest that the above applicant is currently
(Print Name and Title) enrolled in the stated School of Nursing and is
in good standing.

(Signature)

(Date)

**FACULTY EVALUATION/RECOMMENDATION
DUNCAN REGIONAL HOSPITAL SUMMER NURSE TECH PROGRAM
(To be completed by a Clinical Instructor)**

Student: _____ Date: _____

Education Institution: _____ Anticipated Graduation Date: _____

I had the above student in my clinical/class/both in the 1st 2nd 3rd 4th semester of the ADN/BSN nursing program. (Circle all that apply)

I recommend them as a candidate for the Duncan Regional Hospital Summer Nurse Tech Program.

Listed below are the skills and abilities identified as essential to the safe and effective functioning of a student nurse. This evaluation is based on a scale of 4 to 1 as indicated below. Please individualize your rating of this applicant based on their demonstrated abilities.

4	3	2	1
Performance consistently excels. Does much more than required. Distinguishes self as a role model.	Performance consistently meets requirements; occasionally contributes more than required.	Performance meets minimum requirements; opportunities for improvement exist.	Performance clearly unacceptable & immediate improvement is required.

4	3	2	1	Uses effective therapeutic techniques of communication
4	3	2	1	Identifies the holistic needs of individual patients, including crisis intervention, therapeutic communication, and stress adaptation responses.
4	3	2	1	Uses the nursing process in providing care for a group of patients with increasingly complex needs and diagnoses.
4	3	2	1	Demonstrates the nursing role in preparing, assisting, and providing care for patients undergoing diagnostic tests and/or therapeutic procedures.
4	3	2	1	Performs safe, effective basic nursing care for patients.
4	3	2	1	Recognizes psychological needs of individual patients.
4	3	2	1	Demonstrates infection control measures, including medical and surgical asepsis.
4	3	2	1	Identifies and describes the structure and function of the human body.
4	3	2	1	Identifies nursing care, and teaching and treatment plans for a group of patients.
4	3	2	1	Recognizes the ethical and legal responsibilities of the nurse.
4	3	2	1	Demonstrates professional behavior in the clinical and academic setting.

Additional Comments:

Signature: _____ Phone Number: _____ Date: _____

**FACULTY EVALUATION/RECOMMENDATION
DUNCAN REGIONAL HOSPITAL SUMMER NURSE TECH PROGRAM
(To be completed by a Clinical/Class Instructor)**

Student: _____ Date: _____

Education Institution: _____ Anticipated Graduation Date: _____

I had the above student in my clinical/class/both in the 1st 2nd 3rd 4th semester of the ADN/BSN nursing program. (Circle all that apply)

I recommend them as a candidate for the Duncan Regional Hospital Summer Nurse Tech Program.

Listed below are the skills and abilities identified as essential to the safe and effective functioning of a student nurse. This evaluation is based on a scale of 4 to 1 as indicated below. Please individualize your rating of this applicant based on their demonstrated abilities.

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4	3	2	1	Demonstrates professional behavior in the clinical and academic setting.

Additional Comments:

Signature: _____ Phone Number: _____ Date: _____



1407 Whisenant
 P.O. Box 2000
 Duncan, OK 73534-2000
 580-251-8595

**EMPLOYMENT
 APPLICATION**

Personal

Name (last, first, middle) _____ Date _____
 SSN _____ Phone: Home _____ Cell _____
 Street address _____ City _____ State _____ Zip _____

If not a US citizen, do you have a work permit? Yes No If yes, please give expiration date _____
 Excluding minor traffic violations, have you ever been convicted of or pled guilty to a crime, pled nolo contendere, or received a deferred sentence? Yes No
 If yes, please describe _____

(A conviction will not necessarily preclude you from employment.)
 Are you 18 years of age or older? Yes No

Job Preference

Position(s) for which you are applying, in order of preference 1. _____ 2. _____ 3. _____
 Check employment you desire: Full time Part time Other _____ Shift(s) you can work: Day Evening Night
 Will you work weekends and/or holidays? Yes No Date you can begin work _____ Minimum acceptable salary _____
 Have you ever worked for Duncan Regional Hospital? Yes No
 If yes, give your name, department/year _____
 Are you related to any Duncan Regional Hospital team member? Yes No
 If yes, give name, relationship and department _____

Education

Circle highest grade completed:	Year	Name & location of school	Major/minor	Grad? Yes/No
High school 9 10 11 12 GED				
College or university 1 2 3 4				
Vocational/business school				
Nursing school				
Other training or graduate school				

Professional licenses and certifications (if you are licensed in your particular field please answer)

Type	Organization/State Issued	License number	Issue date	Renewal number	Renewal date

Skills

Typing: _____ WPM Medical terminology Word processing Dictaphone 10-key PBX
 Computer (type) _____ Word Excel Other _____
 Other skills _____

Military Service (if applicable)

Branch _____ Service dates: From _____ to _____ Active Reserve

Recruitment Information

Please check reason(s) for choosing Duncan Regional Hospital:
 Job line Radio Yellow Pages Newspaper ad Previously employed at DRH Reputation of DRH
 Recommended by current team member - please list name _____
 Other (explain) _____

Work Experience

List all previous employers for whom you have worked. Start with your most recent employer and work back through previous positions.

- 1. Present (or most recent) employer _____ Business phone _____
Address, City, State, Zip _____
Date started _____ Date ended _____ Supervisor _____ Ending salary _____
Title and duties _____ FT PT Other _____
Reasons for leaving _____ Your name while employed _____
May we contact your current employer? Yes No

- 2. Employer _____ Business phone _____
Address, City, State, Zip _____
Date started _____ Date ended _____ Supervisor _____ Ending salary _____
Title and duties _____ FT PT Other _____
Reasons for leaving _____ Your name while employed _____

- 3. Employer _____ Business phone _____
Address, City, State, Zip _____
Date started _____ Date ended _____ Supervisor _____ Ending salary _____
Title and duties _____ FT PT Other _____
Reasons for leaving _____ Your name while employed _____

- 4. Employer _____ Business phone _____
Address, City, State, Zip _____
Date started _____ Date ended _____ Supervisor _____ Ending salary _____
Title and duties _____ FT PT Other _____
Reasons for leaving _____ Your name while employed _____

EXPLAIN ALL PERIODS OF UNEMPLOYMENT _____

Important - please read

APPLICATIONS ARE ACTIVE FOR 90 DAYS. I certify that all statements made in this application are true and complete to the best of my knowledge. I also understand that any false statements or omissions in this application will result in my application being rejected or my employment terminated.

I do hereby authorize any and all investigations deemed necessary by the hospital to verify the information contained herein and release Duncan Regional Hospital from any/all liability resulting from such investigation. I understand that Duncan Regional Hospital will not inform me of the details of any references received from previous employers.

I agree to submit to a physical examination including alcohol and drug screening if I am given a conditional job offer and understand that if I fail to pass, or refuse, I may not be hired by Duncan Regional Hospital or the offer of employment rescinded. Duncan Regional Hospital reserves the right to require its team members to submit to alcohol and drug screens and inspection of parcels brought into or taken out of the facility. I understand that refusal of such, when requested, could result in termination of employment.

I agree to conform to the DRH rules and regulations as made known to me at the time of employment or at any subsequent time. I understand that I may be required to take pre-employment tests as deemed necessary by the hospital.

I also understand that if employed, the terms and conditions of my employment, including duties, hours, working area and days of work, may be changed from time to time without notice by the hospital as it deems necessary and that employment with the hospital is at the mutual consent of the team member and the hospital. Accordingly, either the team member or the hospital may terminate the employment relationship with or without cause or notice. I understand that neither this application nor any documents given to me while employed by Duncan Regional Hospital constitute an employment contract of any kind.

I certify that I have not been sanctioned by, or excluded from, an Federal Health Care Programs. Such programs include, but are not limited to, Medicare, Medicaid, and Tri-care (formerly known as CHAMPUS.) I also certify that I have had NO civil monetary penalties imposed upon me in connection with any Federal Health Care Programs.

Signature _____ Date _____