



Dear Student Nurse Applicant:

Thank you for your interest in the

*Methodist Advancement into Professional Practice Program (MAPP)*  
Summer Externship

**Eligibility Requirements:**

- Must be pursuing a Bachelor's degree in Nursing
- Must have completed two semesters of nursing school before program begins
- Must be attending school outside the Houston/Galveston region
- Must have a graduation date by May 31<sup>st</sup> of the following year you are applying for
- Must work full-time hours for the duration of the externship
- Must have a cumulative nursing GPA of 3.2 or higher

**Interested applicants should submit one complete application packet\*\* with the following documents by MAIL before January 15<sup>th</sup>:**

- Resume
- Official Transcripts from **nursing** colleges attended (if previous college was only for a few credits, then you may submit unofficial – current school has to have official transcripts submitted). Official transcripts are sealed by the school in an envelope or sent electronically directly from the school to [mapp@houstonmethodist.org](mailto:mapp@houstonmethodist.org). Any transcripts received that are not sealed or have been tampered with will not be accepted and the packet will be marked incomplete.
- Preference Summary Sheet (included in packet) - Please Type the application.
- Interest Essay (form included in packet) - Please Type the application.
- 2 Faculty Recommendation Forms (included in packet; **no letters please**) – Faculty may send the form back electronically or ***if given to the candidate then please have the instructor sign over the seal of the envelope.***

**\*\*Incomplete applications will not be considered. Must be postmarked on or before January 15<sup>th</sup>.**

Telephone interviews will be conducted during January – February and selections made by the end of March. All qualifying applicants with complete packets received by the deadline will receive an interview. The program usually runs from June – end of July.

Housing is paid for and provided by Houston Methodist Hospital at a hotel suite within walking distance to and from the hospital. Participants are not required to live in the provided housing.

If you have questions or concerns, please feel free to contact me as [mapp@houstonmethodist.org](mailto:mapp@houstonmethodist.org)

Do not send the completed packet by email, only send by US mail or overnight service to:

MAPP  
Houston Methodist Hospital  
Center for Nursing Research, Education and Practice  
6565 Fannin, MGJ11-002  
Houston, Texas 77030

Sincerely,

MAPP Program  
Center for Nursing Research, Education and Practice

*Methodist Advancement into Professional Practice Program*

*Summer Series*

Preferences Summary Sheet  
Houston Methodist Hospital  
Houston, TX

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

School: \_\_\_\_\_

Estimated graduation date: \_\_\_\_\_

Please indicate your preference for placement in the Summer MAPP Program. Houston Methodist Hospital is an **ADULT CARE FACILITY**; please mark your top three preferences by placing 1, 2, and 3 in respective spaces.

- General Medicine \_\_\_\_\_
- General Surgery \_\_\_\_\_
- Renal/Endocrine \_\_\_\_\_
- Inpatient Dialysis \_\_\_\_\_
- Transplants \_\_\_\_\_
- Orthopedics \_\_\_\_\_
- Stroke Unit \_\_\_\_\_
- Skilled Nursing Facility \_\_\_\_\_
- Neurosurgery \_\_\_\_\_
- Neuro ICU \_\_\_\_\_
- Cardiac/CV Progressive Care Unit \_\_\_\_\_
- Cardiology \_\_\_\_\_
- Coronary Care Unit \_\_\_\_\_
- Cardiovascular ICU \_\_\_\_\_
- Surgical ICU \_\_\_\_\_
- Medical ICU \_\_\_\_\_
- Emergency Department \_\_\_\_\_
- Labor & Delivery \_\_\_\_\_
- Operating Room \_\_\_\_\_
- Urology \_\_\_\_\_
- Rehab \_\_\_\_\_
- Oncology \_\_\_\_\_
- Gynecology \_\_\_\_\_
- Other \_\_\_\_\_

Please complete this form and return to MAPP by January 15<sup>th</sup>.

Please give a Faculty Recommendation form to two of your clinical instructors or a nursing program instructor who can speak to your performance. This form is to be returned by the faculty members or in your complete packet with a signed, sealed envelope.

# *Methodist Advancement into Professional Practice Program*

Faculty Recommendation  
Houston Methodist Hospital  
Houston, Texas

\_\_\_\_\_ is applying for the MAPP Summer Externship  
(PRINT STUDENT NAME AND UNIVERSITY)

Program with Houston Methodist Hospital. Part of the application process is for the student to obtain recommendations from two of their clinical instructors. In an attempt to make the process easier, we have developed this form for faculty recommendations. Please complete the recommendation so that this student can be considered for acceptance into Houston Methodist Advancement into Professional Practice Program (MAPP).

Please rate the student according to the following criteria:

- 4= strongly agree
- 3= agree
- 2= disagree
- 1= strongly disagree

It is my opinion that this student:

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. Is an independent adult learner                       | 1 | 2 | 3 | 4 |
| 2. Is self motivated                                     | 1 | 2 | 3 | 4 |
| 3. Is reliable   | 1 | 2 | 3 | 4 |
| 4. Knows when to ask for assistance                      | 1 | 2 | 3 | 4 |
| 5. Has a strong work ethic                               | 1 | 2 | 3 | 4 |
| 6. Is a good candidate for this program                  | 1 | 2 | 3 | 4 |
| 7. Is in fine academic standing in my class at this time | 1 | 2 | 3 | 4 |

Please provide a short statement as to why this student should be selected:

Instructor Name: \_\_\_\_\_

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

Instructor Signature: \_\_\_\_\_

Thank you for your time and effort.

Please return this completed form in a sealed signed envelope with your complete packet by January 15<sup>th</sup>, or the faculty instructor may email it directly to [mapp@houstonmethodist.org](mailto:mapp@houstonmethodist.org):

MAPP  
Houston Methodist Hospital  
Center for Nursing Research, Education and Practice  
6565 Fannin, MGJ11-002  
Houston, Texas 77030

*Methodist Advancement into Professional Practice Program (MAPP)*

Interest Essay  
Houston Methodist Hospital  
Houston, TX

Name: \_\_\_\_\_

School: \_\_\_\_\_

Please write a brief statement regarding your career goals (you are not limited to the space below).

Please describe why you are interested in the MAPP Summer Externship Program (you are not limited to the space below).