



# NURSE TECHNICIAN PROGRAM

 **MINISTRY**  
Saint Clare's Hospital  
Weston, Wisconsin

 **MINISTRY**  
Saint Joseph's Hospital  
Marshfield, Wisconsin

 **MINISTRY**  
Saint Michael's Hospital  
Stevens Point, Wisconsin

**Locations** — Ministry Saint Clare’s Hospital, Ministry Saint Joseph’s Hospital, and Ministry Saint Michael’s Hospital

# NURSE TECHNICIAN PROGRAM

**Application Process** — Your completed online application and application materials must be received by **December 1**, in order to be considered for this program. This packet contains the materials needed to complete your application for the Summer Nurse Technician program. Please submit the following information:

- Online Application

1. Go to **ministryhealth.org** and click on “**Careers**”
2. Click on “Nursing”
3. Click on “Residencies and Training Program”
4. Click on “Nurse Technician Program with Ministry Health Care”
5. Complete an **online application** for the Nurse Technician position(s) you are interested in.
6. Click on the **link** in the **online application** to download the Nurse Technician Program Packet.

- Unofficial or official transcript with current GPA

- Two Clinical Evaluation Forms (Found within the packet. If you have had only one semester to date, the second clinical evaluation form may be completed by an instructor from a nurse theory course.)

- Selection Sheet

- Response to the enclosed essay questions

Submit the complete materials to:

Human Resources  
Nurse Technician Program  
Ministry Health Care  
900 Illinois Avenue  
Stevens Point, WI 54481

Locations – Ministry Saint Clare’s Hospital, Ministry Saint Joseph’s Hospital, and Ministry Saint Michael’s Hospital

# NURSE TECHNICIAN SELECTION SHEET

Will you have completed at least two semesters of the ADN program or third year of the BSN program by June 1st? YES \_\_\_ NO \_\_\_

Please complete the following preference list for each facility where you are interested in working.

Please select only units of interest. Within each unit designate area of interest by numbering your choice: **1 = First Choice 2 = Second Choice 3 = Third Choice**

## MINISTRY SAINT CLARE’S HOSPITAL, WESTON, WISCONSIN

### UNIT

- |                         |                          |
|-------------------------|--------------------------|
| ___ MEDICAL/PEDIATRICS  | ___ EMERGENCY            |
| ___ FAMILY BIRTH CENTER | ___ SURGICAL/ORTHOPEDECS |
| ___ SURGICAL SERVICES   | ___ CRITICAL CARE UNIT   |

## MINISTRY SAINT JOSEPH’S HOSPITAL, MARSHFIELD, WISCONSIN

### UNIT

- |   |                                  |
|---|----------------------------------|
| ___ CARDIAC – 3 NORTH                   | ___ SURGERY                      |
| ___ GENERAL INTERNAL MEDICINE – 6 NORTH | ___ PERI-OPERATIVE CARE UNIT     |
| ___ ONCOLOGY/HEMATOLOGY – 8 NORTH       | ___ PEDIATRICS                   |
| ___ ICU                                 | ___ PEDIATRICS ICU               |
| ___ CCU                                 | ___ BIRTH CENTER                 |
| ___ EMERGENCY DEPARTMENT                | ___ NEO-NATAL ICU                |
| ___ SURGICAL/ABDOMINAL/ENT – 4 NORTH    | ___ REHABILITATION UNIT – 5 WEST |
| ___ NEUROLOGY/TRAUMA – 5 NORTH          | ___ ALCOHOL & DRUG RECOVERY      |
| ___ SURGICAL/ORTHOPEDECS – 7 NORTH      |                                  |

## MINISTRY SAINT MICHAEL’S HOSPITAL, STEVENS POINT, WISCONSIN

### UNIT

- |                     |                  |
|---------------------|------------------|
| ___ MEDICAL         | ___ SURGERY (OR) |
| ___ OBSTETRICS      | ___ EMERGENCY    |
| ___ SURGICAL & PEDS |                  |

In addition to making your selections above, please check this box if you are willing to work in **any** unit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

Locations – Ministry Saint Clare’s Hospital, Ministry Saint Joseph’s Hospital, and Ministry Saint Michael’s Hospital

# NURSE TECHNICIAN ESSAY QUESTIONS

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

I am interested in a Nurse Technician position at (please check all that apply):

Ministry Saint Clare’s Hospital, Weston, Wisconsin

Ministry Saint Joseph’s Hospital, Marshfield, Wisconsin

Ministry Saint Michael’s Hospital, Stevens Point, Wisconsin

Please print or type your answers to each of the following questions. You may use additional sheets of paper if necessary.

1. Why are you interested in a Nurse Technician position at Ministry Health Care?

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2. As a Nurse Technician at Ministry Health Care, what would you expect to do on a daily basis?

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3. Identify five specific things you would like to accomplish by the conclusion of this program.

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4. What are your professional goals and objectives in nursing?

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Locations – Ministry Saint Clare’s Hospital, Ministry Saint Joseph’s Hospital, and Ministry Saint Michael’s Hospital

# CLINICAL EVALUATION FORM I

(Evaluation form must be returned by **December 1.**)

\_\_\_\_\_  
Student Name

Criteria	Exceeds	Good	Acceptable	Unacceptable	Comments
1. Patient Teaching/Education					
A. Writing Goals/Objectives	4	3	2	1	
B. Patient Teaching	4	3	2	1	
2. Care Plan Development	4	3	2	1	
3. Communication Skills					
A. Written	4	3	2	1	
B. Verbal	4	3	2	1	
C. Patient/Family Interaction	4	3	2	1	
D. Staff Interaction	4	3	2	1	
E. Peer Interaction	4	3	2	1	
4. Leadership Ability					
A. Self-Motivated/Directed	4	3	2	1	
B. Assertive	4	3	2	1	
C. Critical Thinking	4	3	2	1	
5. Interpersonal Relationship Skills	4	3	2	1	
6. Responsibilities	4	3	2	1	
7. Future Goals	4	3	2	1	
8. Organizations	4	3	2	1	
9. Professional Appearance/Attendance	4	3	2	1	
10. Clinical Performance (Technical Skills)	4	3	2	1	

Would you recommend this student for the Nurse Technician Program? YES \_\_\_\_ NO \_\_\_\_

Additional comments you would like to add?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program

# CLINICAL EVALUATION FORM 2

(Evaluation form must be returned by **December 1.**)

\_\_\_\_\_  
Student Name

Criteria	Exceeds	Good	Acceptable	Unacceptable	Comments
1. Patient Teaching/Education					
A. Writing Goals/Objectives	4	3	2	1	
B. Patient Teaching	4	3	2	1	
2. Care Plan Development	4	3	2	1	
3. Communication Skills					
A. Written	4	3	2	1	
B. Verbal	4	3	2	1	
C. Patient/Family Interaction	4	3	2	1	
D. Staff Interaction	4	3	2	1	
E. Peer Interaction	4	3	2	1	
4. Leadership Ability					
A. Self-Motivated/Directed	4	3	2	1	
B. Assertive	4	3	2	1	
C. Critical Thinking	4	3	2	1	
5. Interpersonal Relationship Skills	4	3	2	1	
6. Responsibilities	4	3	2	1	
7. Future Goals	4	3	2	1	
8. Organizations	4	3	2	1	
9. Professional Appearance/Attendance	4	3	2	1	
10. Clinical Performance (Technical Skills)	4	3	2	1	

Would you recommend this student for the Nurse Technician Program? YES \_\_\_\_ NO \_\_\_\_

Additional comments you would like to add?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program