

NAME \_\_\_\_\_

## SUMMER INTERN PROGRAM GOALS

List **three goals** that you would like to achieve during your summer internship.

GOAL	METHOD TO ACHIEVE
1.	
2.	
3.	

These goals will be shared with your RN Coach and periodically reviewed throughout your experience.

Please rate your preference for your internship (rating scale: 1 - 4, with #1 being your first choice).

\_\_\_ Adult Health Care  
(Medical/Surgical)

\_\_\_ Float Pool

\_\_\_ Emergency Services

\_\_\_ Women and Children's Care  
(Includes OB) Must have had OB Clinical prior to internship  
Date of clinical: \_\_\_\_\_

**NOTE: We cannot guarantee your first choice but will make every effort to do so depending on applications.**