

# Transition into Practice Program Application and Questionnaire

Thank you so much for your interest in the Transition into Practice Program (TIPP). You will find the application and a list of the required supporting documents in order to complete the application process.

## Eligibility Requirements

Be currently enrolled in Advanced Medical Surgical (NURS 480)

- No core nursing failures
- No conduct/judicial sanctions
- All students who meet eligibility requirements may apply to the program via an online application.
- Additionally, students must complete a supplemental questionnaire and provide a professional resume.

Selection is competitive, meeting the minimum criteria does not guarantee acceptance.

## Application Deadlines and Program Start Dates

**Application Deadline:** See Career Services for dates

**Start Date:** See Career Services for dates

## Application Process

### STEP 1: Turn in Application

- Submit your completed application no later than the specified deadline. Submit via email to the Career Services Department.
  - For Orange County, email: [WCUTIPP-OC@westcoastuniversity.edu](mailto:WCUTIPP-OC@westcoastuniversity.edu)

### STEP 2: Acceptance Information

- Only completed applications will be reviewed.
- If you pass the preliminary review, you will be given a date and time for an interview with the TIPP panel, which includes hospital partner(s).
- If your application is not accepted, you will be notified via email.

### STEP 3: Interviews

- Interview with the TIPP Panel, which may include up to 5 panelists.
- Prepare five copies of your resume and references.

### STEP 4: Finalizing and Accepting your Placement

- The hospital partner(s) will notify WCU if you are accepted for a placement.
- You will be notified which hospital and unit to which you will be assigned. It will be your decision to either accept or decline acceptance into the Transition into Practice Program.

### STEP 5: Start the Program

- Program begins the first day of NURS 498L term.

## Application Checklist

- Completed Application
- Completed Supplemental Questionnaire
- Professional Resume to include:
  - Education experience
  - Work experience
  - Health care related experience
  - GPA
- BLS-HCP (American Heart Association Only)

# Transition into Practice Program (cont.)

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## Applicant Information

Name (first and last)	Date of Birth	Student ID
Address		
City	State	Zip
Home Phone #	Cell Phone #	Work Phone #
Email	Male(M) or Female(F)	Scrub Size

## Family Health Care

Physician's Name	Phone #
Address	
Medicaid:    Yes    No	Health Insurance Plan # _____

## Program Placement

Name the hospitals where you would like to work in order of preference:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Preferred unit in order of preference: 1. \_\_\_\_\_ 2. \_\_\_\_\_

## Emergency Contacts

Name	Relationship	Phone #
Name	Relationship	Phone #
Name	Relationship	Phone #

## Applicant Signature

Signature	Date
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# Transition into Practice Program (cont.)

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## Supplemental Questionnaire

Required information to complete the application.

**1:** Why do you want to be considered for the Transition into Practice Program and what skills do you bring?

**2:** Which hospital did you choose and why?

**3:** What would you like to get out of being a part of the Transition into Practice Program?

**4:** Give 3 reasons why you should be selected.

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Reason 1

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Reason 2

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Reason 3

**5:** If you are currently working, do you have a flexible schedule that allows you to work at least two 12-hour shifts per week (clinical experience shift may not be fixed and may rotate days of the week throughout the month)?

**6:** If applicable, state any restrictions on your participation ability. For example, you are unable to work a certain shift or specific day(s) of the week, you are unable to commute more than 25 miles, etc. Failure to state participation restrictions on this application could result in the ineligibility for the program. Write N/A if not applicable.