



NEBRASKA-WESTERN IOWA HEALTHCARE SYSTEM
OMAHA VA MEDICAL CENTER
Post-Baccalaureate Registered Nurse Residency Program
(PB-RNR)

Applicant Legal Name: _____

BSN Graduation Date (or anticipated graduation date): _____

Contact/General Information:

Phone:	Email:
Cumulative GPA:	Traditional <input type="checkbox"/> 1st degree <input type="checkbox"/>
Anticipated NCLEX examination date:	Accelerated <input type="checkbox"/> 2nd degree <input type="checkbox"/>
Are you a current employee of NWIHCS? If current employee-position/unit/department:	Do you have previous military experience?

All materials must be electronic, and in ONE scanned PDF document. Submit completed packets to: kathy.thompson2@va.gov

Application Packet Requirements (submit in ONE pdf document) **

- 1st page of this document should be first page of completed packet
- Resume- should include your “unpaid” and “paid” clinical experiences (see guide below).
- Copy of unofficial transcript (show date degree conferred and cumulative GPA of greater than 3.0).
- Successful completion of NCLEX by Residency Start. If selected, RN License must be submitted at the latest by
 - Fall #1 Start: RN License by July 10th Nurse Residency Program will start 3rd week of July.
 - Fall #2 Start: RN License by September 20. Nurse Residency program will start 4th week of September.
- Two to three letters of recommendation. At least one from clinical faculty. All letters of support must be on an official college or business letter head.
- Essay. A 300 word (max) typewritten essay addressing the following: "The VA Post-baccalaureate Nurse Residency Program interests me because..."

Important Note: Only applicants who are U.S. Citizens, vaccinated against COVID-19, and are new RN graduates, who have passed NCLEX by due date will be selected for the Residency Program.

*****Additional on-boarding requirements will be requested from Human Resources, if selected.***





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Resume Guide

- **Unpaid clinical experiences** include all clinical rotations and unpaid externships or internships. Please list your senior-level preceptorship first. For each clinical experience, please include the type of experience, dates in month and year, total hours in precepted direct patient care, the name of the hospital/institution, and the name of the department.
- **Paid clinical experiences** includes any paid positions you have held in direct patient care. For each clinical experience, please include the type of experience, dates in month and year, total hours, name of or description of the department.

Example:

Type of Experience	Approximate Dates	Total hours	Name of Hospital or Institution	Name/Description of Department
Senior Preceptorship (unpaid)	Jan to May 2022	270	Omaha VA Medical Center	Intensive Care Unit

