



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

Dear \_\_\_\_\_,

I am submitting an application for Saint Francis Medical Center's Nurse Externship Program.

Please complete the enclosed work history evaluation and return to me sealed in the envelope provided. I must have my application submitted by March 9, 2018.

Thank you for your assistance.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature