

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 preceptor and periodically reviewed throughout your experience.

Please rate your preference for your internship (rating scale: 1 - 7, with #1 being your first choice).

Adult Health Care
(Medical/Surgical)

Intensive Cardiac Care Unit

Ambulatory Care

Women and Children's Care
(includes OB) Must have had OB
Clinical prior to internship

Emergency Services

Peri-Operative (including OR/PACU,
ACD, Endoscopy)

Float Pool

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



**301 Becker Avenue S.W.
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