

St. Vincent's Health System

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**Student Demographic Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_  
\_\_\_\_\_

List your top 3 areas of interest(ED, Med/Surg, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to do your preceptorship at St. Vincent's Birmingham?

\_\_\_\_\_  
\_\_\_\_\_

What are your post graduation plans?

\_\_\_\_\_  
\_\_\_\_\_

What are your goals for your first professional nursing position?

\_\_\_\_\_  
\_\_\_\_\_

Last 4 of Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_