



Children's Hospital Colorado

www.childrenscolorado.org

New Graduate Nurse Residency Program Exemption Supplemental Application

Applicant Information

Applicant Name: _____

BSN Graduation Date (or anticipated graduation date): _____

School Name (include state): _____

Current CHCO Employee? (Yes/No): _____

If yes, please list department and campus: _____

Please type your response to the following questions. Each answer should be no more than 300 words. Email your completed application to NurseResidencyProgram@childrenscolorado.org by midnight of the last day of the application window (see website for deadlines).

1. Reason for Exemption Application submission:

2. Describe why you have applied to Children's Hospital Colorado New Graduate Nurse Residency Program:

3. Describe your passion for wanting to work with the pediatric population:

4. Describe your goals and expectations at the end of the New Graduate Nurse Residency program, 5 years and 10 years:

5. Describe how your clinical rotations have prepared you to succeed as a nurse. How does this set you apart from other candidates:

6. Describe any leadership or other activities you have participated in and how this contributed to your professional growth:

Unit Preferences

1. List up to your top three clinical areas/departments you would like to work in after graduation. Discuss why you picked these areas and explain why you are the best fit. If you do not have top preferences, note any areas you would not want to work in and why. **Refer to the website for unit descriptions and current hiring departments.**
2. List the relevant clinical units/areas in which you have experience through clinical, practicums, or paid/non-paid work experiences:

Types of Experience	Approximate Dates	Total Hours	Hospital Name	Department Name
EXAMPLE: Senior Practicum	March 2026	120hrs	CHCO	Level 8

Applicant Signature: _____ Date: _____