

***Rose Clifford Internships
Intern Questionnaire***

Name: _____
(Last Name) (First) (M.I.)

(Acronyms, e.g.: RN, BSN, LNC, CLNC)

(Business Name)

Address: _____
(Street Address/P.O. Box)

(City) (State) (Zip)

Phone: _____
(Day) (Evening)

(Fax Number) (E-mail Address)

(Cell Number)

Emergency Contact: _____
(Name) (Phone Number)

(Relationship)

(Street Address/P.O. Box)

(City) (State) (Zip)

We appreciate the time you take in thoughtfully answering these questions. We use your responses to personalize your internship. These questions are designed to help us know you a little more before you arrive so that we may better anticipate your needs and fully serve you.

CLINICAL NURSING EXPERIENCE ----

1. What is your nursing background, specialty and experience?
Please attach your clinical resume or CV.

Give an estimate of total of Years in nursing.

2. Are you presently working as a nurse? _____ Where? _____
How long? _____ Position? _____

LEGAL NURSE CONSULTING PRACTICE ----

3. What is your Legal Nurse Consulting Experience?

- a. Behind the Scenes Consulting:

Are you actively engaged in the practice of Legal Nurse Consulting?

Number of years _____

Number of Cases Consulted for Attorneys: _____

___ 0 ___ 1 -5 ___ 6-10 ___ >10

Kind of Case(s) Consulted on:

Medical Malpractice ___ Personal Injury ___ Products Liability ___
Nursing Home ___ Criminal ___ Toxic Torts ___
Other ___

- b. Testifying Expert:

Number of years _____

Kind of Case(s) Named as Testifying Expert in:

Medical Malpractice ____ Personal Injury ____ Products Liability ____
Criminal ____ Toxic Torts ____ Other ____

Number of Depositions given ____ Number of Trials Testified at ____
Percentage of Plaintiff vs. Defense Cases _____

List Specialty Area:

c. Other

INTERNSHIP GOALS----

4. What are your goals in participating in this Internship program?
(Please use back if needed)

5. Is there anything you specifically want to learn hands-on?

6. What is your Biggest Concerns or Fears?

7. In what kind of LNC Practice are you most interested?

- Independent home based
- Independent professional office setting
- In-house defense firm
- In-house plaintiff firm
- Insurance Company
- Health Care Setting

8. What was the last professional goal you achieved?

9. Are you willing to make a Commitment to being a Successful LNC?

a. What actions have you taken to assure your success?

b. What support do you have?

c. Have you attended an internship elsewhere?

10. Have you completed a LNC theory course with the Vickie Milazzo Institutes?

Yes ___ No ___

Home Study Program or 6-Day Certification?

Passed Exam _____ What Year _____

Have you started your LNC practice since?

Have you attended a Two-day Apprenticeship?

Have you attended their 5-Day Apprenticeship?

If yes, what do you hope to learn here?

11. Have you completed any other Legal Nurse Consulting Training Course(s)?
Please name.

12. When are you participating in the Internship?

Date: From _____ To: _____
Number of Days _____

13. How many hours do you plan to spend working as an LNC per week?

14. How many hours do you expect to spend marketing your LNC business per week?

15. Which of the following computer hardware and software are you comfortable using: (Circle all that apply)

PC computers	Macintosh	Fax machine
Microsoft Word	Excel	Access
PowerPoint	Internet Explorer	Email

16. Which legal nurse consulting or legal software programs have you used?

Legal MedWare

Case Soft

LNC Solutions

Dragon Medically Speaking

17. Is there anything else we need to know regarding your legal nurse consulting goals so we may help you succeed?

18. How did you hear of our Legal Nurse Consulting Internships?

List Serve _____

Word of Mouth _____

Direct Mail _____

E/M Campaign _____

Advertisement in: AJLNC _____ LNC Resource _____ Seminar _____

Exhibit _____ Where? _____

Other _____

19. Did anyone refer you? If YES, who:

PERSONAL INFORMATION----

20. Are you: Married _____ Single _____ Divorced _____ Widowed _____
How long? _____

21. Do you have Children? _____ How many? _____ What ages? _____

22. Do you have Pets? _____ What kind? _____

23. Have you ever lived on a farm?

24. Have you ever spent any time in a rural environment?

25. What was the last personal goal you achieved?

26. Name three (3) areas of interests outside of Legal Nurse Consulting:

- a. _____
- b. _____
- c. _____

27. What Magazines do you subscribe to?

28. What were the last two books that you read or listened to?

- a. _____
- b. _____

29. Do you have any health issues we should be aware of?

Yes ___ No ___

If yes, what? _____

Any allergies? _____

Any Special Needs? _____

30. Do you eat fish, meat, chicken, shellfish or pork?
(Please circle all that apply)

31. Do you have any dietary preferences or restrictions?

32. Are you on a special diet?

33. Do you drink coffee, tea or both? Hot or Cold?

34. Do you have any experience leading groups or other activities?
If yes, please explain.

(Your Signature)

(Acronyms)

(Date)

Thank you for filing out the Intern Questionnaire. We look forward to working with you!