

**Nurse Residency Program Expectations:**

I understand that failure to complete any of the listed Nurse Residency Program Expectations could result in dismissal from the Program and termination of my employment with CRMC.

1. If I hold my ADN, I shall complete my BSN program within four (4) years from my hire date.
2. I understand that I need to remain in a full-time status on the same department for a minimum of one (1) year.
3. I understand that I need to attend 100% of all Nurse Residency Program classes and activities for the duration of the one (1) year residency program.
	1. Any class absences will be reviewed in partnership by the Nurse Residency Program Director and the Clinical Manager/Director. Absences may result in dismissal from the Program and my release from employment at CRMC.
4. I will complete one evidence-based project relevant to my current work.

|  |
| --- |
|  |

By signing below, I acknowledge I have read and agree to the above identified requirements and objectives. I understand the commitment and investment made in me by Cheyenne Regional Medical Center and agree to fulfill the requirements.

|  |
| --- |
| Employee Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department Manager/ Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Nurse Residency Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Human Resource Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**NOTHING IN THIS CONTRACT SHALL BE CONSTRUED TO ALTER THE AT-WILL NATURE OF THE EMPLOYER-EMPLOYEE RELATIONSHIP. CHEYENNE REGIONAL RETAINS THE ABSOLUTE RIGHT TO TERMINATE ANY EMPLOYEE, AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE.**

**EXHIBIT A**

**PROMISSORY NOTE**

$ **Date:**

 I, , ("Maker"), for value received, promise to pay to the order of Cheyenne Regional Medical Center ("Payee") the sum of Dollars ($ ), representing the loan amount borrowed from Payee by Maker pursuant to Cheyenne Regional Medical Center Nurse Residency Repayment Agreement (the “Agreement") dated , between Payee and Maker.

 IT IS AGREED that the principal shall draw interest at a rate of eighteen percent (18%) per annum and failure to make a monthly payment in the amount of One Hundred Dollars (minimum $100.00) when due or any default under this Note shall cause the whole note to become due at once at the option of the holder of the Note. If this Note is not paid when due, or suit is brought, Maker agrees to pay all reasonable costs of collection, including reasonable attorney's fees. If go so many months without payment then sent to collections

 Maker