



HRHCare Family Nurse Practitioner Residency Training Program Application

Practitioner Residency Program with exposure to rural and migrant health. The class of 2019–2020 will begin in September 2019. Application deadline is April 30, 2019.

HRHCare is committed to leadership, transformation, and innovation in health care. This residency is designed for new nurse practitioners with a commitment to developing career practices in the challenging setting of the Federally Qualified Health Centers (FQHCs) or other vulnerable populations.

There is a one-year employment commitment after completion of the program. The Family Nurse Practitioner Residency Program has the following three goals:

- Prepares Nurse Practitioners to assume full responsibility for primary care of complex underserved populations across all life cycles and in multiple settings
- Building upon the education and practice base acquired in the educational program leading to certification as a Nurse Practitioner, the residency will develop the clinical and operational confidence necessary for efficient, effective and productive practice as a member of the health care team in a FQHC
- Increase the number of Nurse Practitioners choosing to build long-term careers in FQHCs, and their capability for leadership positions within those organizations and within the healthcare system of the future

Application Requirements:

1. All applicants are required to fill out the attached HRHCare Application for Family Nurse Practitioners.

All Personal Statement Questions found at the end of attached application (# 1 - 4) must be completed for consideration.

2. Current CV

3. Three letters of recommendation. Letters should be from any of the following individuals; Graduate Program Director (1), Clinical Preceptor (2), and Manager from a current or previous position (3). All letters of recommendation MUST be on formal letterhead.

As one of, or in addition to the three letters of recommendation that you will be supplying with the application, please submit at least one letter that specifically addresses your capabilities and interests related to this Residency Program's focus on vulnerable populations.



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Application Requirements:

Type or legibly print all responses and complete the application in its entirety. **COMPLETE ADDRESS AND TELEPHONE NUMBERS ARE REQUIRED WHERE INDICATED. ALL DATES MUST BE INCLUSIVE (MONTH & YEAR).**

All questions must be answered and you may not indicate “SEE CV”, etc., for a response. If a question is not applicable note “N/A.” Attach additional sheets if there is insufficient space on the application for your response. **As indicated by the ✓ below, current copies of the following documents must accompany your application. Please make sure all copies are legible.**

- ✓ CV with MONTH & YEAR for WORK & EDUCATION history sections
- ✓ CV must show a five (5) year work history MONTH & YEAR format
- ✓ If applicable, written and signed explanation of any gaps in work history over three (3) months
- ✓ Copy of New York RN license
- ✓ Copy of New York APRN license
- ✓ Copies of license(s) from any other state
- ✓ Federal DEA certificate
- ✓ ANCC/AANP certification or evidence of eligibility for certification
- ✓ Copy of driver’s license
- ✓ Professional diploma (BSN, MSN) AND official graduate school transcripts
- ✓ Three (3) letters of recommendation from professional references (supervisor, program director, chairman of department, CMO).
- ✓ If applicable, non U.S. residents must provide a copy of their permanent resident card/VISA/proof of eligibility to work in U.S.

Electronic applications should be emailed to npresidency@hrhcare.org. Simply download the PDF, complete all fields, save, and attach to the email. Application deadline is April 30, 2019.

Licensure and credentialing materials (i.e. Board Certification, NY licenses, and DEA license) are not required when applying, simply write “pending”. They are required prior to the start of residency on September 2019.

Family Nurse Practitioner Residency Training Program Application

General Information

Please complete all relevant fields.

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Suffix</i>
<i>Contact Email Address</i>	<i>Cell Phone</i>		<i>Home Phone</i>

<i>Gender:</i>	<i>Male:</i>	<input type="checkbox"/>	<i>Female:</i>	<input type="checkbox"/>
<i>Birth Date:</i>				
<i>Birth Place:</i>				

<i>Social Security:</i>	
<i>NPI:</i>	
<i>Ethnicity (optional):</i>	

Home Address

Please enter your home address in full.

<i>Home Address Line 1:</i>				
<i>Home Address Line 2:</i>				
<i>City:</i>	<i>State:</i>	<i>Zip:</i>		

Other Names

Please enter any other names by which you have been known including those appearing on professional diploma and licensure.

<i>Other First Name</i>	<i>Other Middle Name</i>	<i>Other Last Name</i>	<i>FromDate (mm/yy)</i>	<i>ToDate (mm/yy)</i>
<i>Other First Name</i>	<i>Other Middle Name</i>	<i>Other Last Name</i>	<i>From Date (mm/yy)</i>	<i>ToDate (mm/yy)</i>

For Non U.S. Citizens

Please provide information on your immigration status.

<i>Country or Citizenship</i>	<i>Visa</i>	<i>Visa Number</i>	<i>Visa Date</i>

Language(s)

Please list all non English languages spoken and level of fluency.

<i>Language 1:</i>	
<i>Language 2:</i>	
<i>Language 3:</i>	

<i>Fluency:</i>	
<i>Fluency:</i>	
<i>Fluency:</i>	

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Education

List undergraduate, graduate and professional education below.

Education Type:				
Degree Earned:				
Institution Name:				
Address Line 1:				
Address Line 2:				
City:	State:	Zip:		
Phone:	Fax:	Country:		
From (mm/yy):	To: (mm/yy):			

Education Type:				
Degree Earned:				
Institution Name:				
Address Line 1:				
Address Line 2:				
City:	State:	Zip:		
Phone:	Fax:	Country:		
From (mm/yy):	To: (mm/yy):			

Education Type:				
Degree Earned:				
Institution Name:				
Address Line 1:				
Address Line 2:				
City:	State:	Zip:		
Phone:	Fax:	Country:		
From (mm/yy):	To: (mm/yy):			

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Professional References

Please list the names and addresses of three professional references (I.E. program director, direct supervisor, medical director, CMO) who can attest to your clinical competence currently and over the past three to five years.

Professional Reference

Name:	Years Known:	From: ___ / ___ To: ___ / ___
Institution/Relationship:	Specialty:	
Address Line 1:		
Address Line 2:		
City:	State:	Zip:
Contact Phone:	Fax:	
Email:		

Professional Reference

Name:	Years Known:	From: ___ / ___ To: ___ / ___
Institution/Relationship:	Specialty:	
Address Line 1:		
Address Line 2:		
City:	State:	Zip:
Contact Phone:	Fax:	
Email:		

Professional Reference

Name:	Years Known:	From: ___ / ___ To: ___ / ___
Institution/Relationship:	Specialty:	
Address Line 1:		
Address Line 2:		
City:	State:	Zip:
Contact Phone:	Fax:	
Email:		

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Application Attestation

I attest that all information provided in this Application is true and complete to the best of my knowledge and belief. I will notify the Organizations and/or their agents within 10 days of any material changes to the information I have provided in my application or authorized to be released pursuant to the credentialing process. I understand that corrections to the application are permitted at any time prior to a determination of membership and/or privileges or affiliation by the Organizations, and must be submitted on-line or in writing, and must be dated and signed by me.

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Electronic Signature – Type full name

Last 4 digits of SSN

Date

Personal Statement Questions - Family Nurse Practitioner Residency Training Program Application

Personal Statement question #1 of 4 (All four of the following questions are required for completion of this application).

Please submit responses to all four of the following Personal Statement questions. This is an opportunity to reflect upon and communicate to HRHCare your personal statement of qualifications, interest, and motivation in acceptance to the Residency. Additional space is available at the end of this application.

1. What personal, professional, educational and clinical experiences have led you to choose nursing as a profession, and the role of a family nurse practitioner as a specialty practice? What are your aspirations for a Residency program? Please comment upon your vision and planning for your short and long-term career development.

Personal Statement Question # 2

2. What are the goals that you are looking to accomplish during your residency at HRHCare? Please identify specific areas of interest by lifecycle, age, or setting in which you would like to develop increased mastery, competence, or confidence.

Personal Statement Question #3

3. Tell us about your interests in providing care for rural communities and migrant workers.

Personal Statement Question #4

4. Please describe your desire to train in a Community Health Center setting as well as your long-term commitment to practicing as a primary care provider to vulnerable and underserved populations.

Family Nurse Practitioner Residency Training Program Application

Personal Statement Question

Use this additional space to continue your essay. Please indicate Essay Question # 1, 2, 3 or 4.

Essay# _____

Family Nurse Practitioner Residency Training Program Application

Personal Statement Question

Use this additional space to continue your essay. Please indicate Essay Question 1, 2, 3 or 4.

Essay# _____

Family Nurse Practitioner Residency Training Program Application

Personal Statement Question 1

Use this additional space to continue your essay. Please indicate Essay Question 1,2,3 or 4.

Essay# _____

Family Nurse Practitioner Residency Training Program Application

Essay Question

Use this additional space to continue your essay. Please indicate Essay Question 1, 2, 3 or 4.

Essay# _____

Large empty rectangular box for writing the essay response.