



# Advanced Practice Provider Fellowship

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Degree: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Today's Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Fellowship Interest: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

### Education

Undergraduate: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Graduate: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Application Checklist

## Requirements for Nurse Practitioner:

1. Received a graduate degree from a regionally accredited Primary or Acute Care Nursing Program and be certified as an Primary or Acute Care Nurse Practitioner depending on the fellowship focus.
2. Be licensed as an APRN in the state of Florida 1 month prior to Fellowship start date.
3. Must be currently certified in BLS and ACLS and maintain certifications while in the fellowship.
4. Must complete the application packet which includes:
  - a. Current CV
  - b. One-page personal statement outlining both goals for the specific fellowship (12 months) and the applicants long term goals for working within the discipline to which they are applying.
  - c. Transcripts from institution where the obtained their Masters or Doctoral degree
  - d. Copies of current certifications
  - e. Two letters of recommendation directly mailed to the Fellowship address. One is recommended to be from an academic program director or a faculty member familiar with the applicant's academic program, and one from a collaborating physician, clinical preceptor or other clinical supervisor who can attest to the applicant's ability to provide culturally competent clinical care for patients and history of demonstrated collaboration and contribution in the clinical setting.
  - f. Personal interview

## Requirements for a Physician Assistant:

1. Graduate degree from an ARC-PA approved PA Program
2. Must have passed the NCCPA Certification Exam and be currently certified
3. DEA licensure or eligibility
4. Florida PA Licensure or eligibility (must be licensed 30 days prior to the start of the fellowship).
5. Must be currently certified in BLS and ACLS and maintain certifications while in the fellowship.
6. Must complete the application packet which includes:
  - a. Current CV
  - b. One-page personal statement outlining both goals for the specific fellowship (12 months) and the applicants long term goals for working within the discipline to which they are applying.
  - c. Transcripts from PA school and undergraduate institutions
  - a. Copies of current certifications
  - b. Two letters of recommendation directly mailed to the Fellowship address. One is recommended to be from an academic program director or a

- faculty member familiar with the applicant's academic program, and one from a collaborating physician, clinical preceptor or other clinical supervisor who can attest to the applicant's ability to provide culturally competent clinical care for patients and history of demonstrated collaboration and contribution in the clinical setting.
- c. Personal interview

Applications will be submitted to the University Of South Florida College Of Nursing, Office of Faculty & Community Affairs, 12901 Bruce B. Downs Blvd, MDC 22, Tampa, FL 33612. Attn: Ann Joyce or email the entire scanned packet to [ajoyce@health.usf.edu](mailto:ajoyce@health.usf.edu)

**Application deadline:** October 15, 2018

**Review Committee:** Director, Specialty Program, and USF College of Nursing Vice-Dean of Faculty & Community Affairs.