



Application

Please check one:

- Primary Care NP Fellowship Program**
- Community Psychiatry NP Fellowship Program**

Name: _____
Last First Middle

Other Name(s) Used: _____

Date of Birth: _____ **Gender:** _____

Address: _____
Street Apt# City State Zip

Telephone Number: _____ **Email Address:** _____

Additional Information (for federal reporting purposes):

Race: _____ **Ethnicity:** Hispanic Non-Hispanic

Languages Spoken: _____

Active or retired military personnel: No Yes

If yes, please specify: Active Veteran Branch: _____

Disadvantaged background?* Please specify. No Yes

*Are you an applicant who has (and whose spouse, if any, has) characteristics that indicate a higher likelihood of continuing to practice in a HPSA after the service obligation is completed, and who comes from a disadvantaged background? You must submit certification on the NHSC-approved form from your school that you: (i) were identified as having a “disadvantaged background” based on environmental and/or economic factors, or (ii) received a federal Exceptional Financial Need Scholarship.

1. **Federal DEA.** If you have not graduated, put N/A.

_____ Expires _____

Schedules: _____

2. **National Provider Identifier.** If you have not graduated, put N/A.

(NPI) _____

3. **Board Certification.** Applicants must be Board Certified *OR* Board certified by the start of the program.

Certifying Board _____
Certificate# _____
Year Certified _____
Expires _____

If not certified, have you been accepted by the board to take the examination and are you actively in the board certification process? Yes ___ No ___

If yes, indicate planned examination date: _____

Have you ever taken and failed a certification examination?

Yes ___ No ___

If yes, please explain: _____

4. **Any other certifications or memberships?**

5. **Academic Appointments.** (Example: Professor at University)

Name _____
Rank _____
Department _____
Dates From (mm/yr) _____ to _____

6. **Previous Clinical Rotations**

Institution _____
Dates (mm/yr) _____
Address _____
Specialty _____
Preceptor _____
Preceptor telephone/email _____

7. **Practicing Specialty.** (Either formal certification or significant practice experience)

Primary _____
Secondary _____

Essay Questions

Please choose three of the five questions below to respond to. Answer in no more than 2 pages total, single spaced and in 12 point font.

1. Describe how your personal life experiences or educational experiences will contribute to CHN's mission of providing access to quality, culturally competent and comprehensive community based healthcare.
2. Part of the goal of the CHN NP Fellowship is to address the healthcare disparities that face NYC. How do you foresee yourself helping to address the healthcare challenges that affect communities in NYC?
3. Why do you think you will be an asset to Community Healthcare Network's NP Fellowship?
4. While providing healthcare as a Nurse Practitioner is often a rewarding career, it is also a profession that entails addressing constant challenges. What do you see as the most significant issues the NP profession will face in the next 20 years, and what are some potential solutions for these problems?
5. Briefly describe your short-term and long-term professional goals. Where do you see yourself in 10 years?

Final Checklist

- Fellowship Application
- CV in month/year format
- 3 professional letters of recommendation if not board certified, 2 if board certified:
 - Dated, signed and addressed Dr. Taisha Benjamin
 - 1 letter should be from a nursing education program, 1 letter from employment and 1 of your choosing.
 - If more than 5 years post-graduation, 1 letter can be from your current supervisor (in lieu of education program), and 1 from your general employment.
- Essay Responses
- Copy of Diploma (BSN, MSN) **If not obtained, please submit transcripts.
- Copy of License as Nurse Practitioner **Please put N/A if not graduated.
- Copy of License as Registered Nurse
- Federal DEA license **Please put N/A if not graduated
- National Provider Identifier **Please put N/A if not graduated
- ANCC/AANP certification (or evidence of eligibility) **Please put N/A if not graduated
- Infection Control Certificate
- Copy of state issued photo ID
- \$50 application fee that can be submitted by PayPal to: event@chnnyc.org (put NP Fellowship in the notes)

Submit application and all materials to: NPFellowship@chnnyc.org