



“Growing the next generation of primary care providers”

Now Accepting Applications for: 2019 - 2020 Community Health Care Family Nurse Practitioner Residency

Community Health Care’s mission is to train highly effective, competent and autonomous inter-professional primary care providers in the FQHC setting. We are an interdisciplinary training residency, training NP’s, DO’s, and MD’s together. Our facility also houses a dental residency.

Our goal for new graduate Family Nurse Practitioners is to provide the necessary depth, breadth, volume, and intensity of clinical training to serve as primary care providers in the complex setting of community health centers.

Eligibility Requirements:

- Registered Nurse with at least 3 years of experience.
- Recent or expectant graduate of Master’s or Doctoral Graduate Nurse Practitioner program
- Family Practice board certification eligibility with intention to take a National Board exam by July/ August 2019
- Washington state ARNP licensure eligible
- Federal DEA certificate eligible
- Written commitment to practice as a primary care provider in a Federal Qualified Health Center
- Bilingual preferred

Application Requirements:

- Application
- CV (with 5 year work history)
- Essay responses to the following prompts
- Three letters of reference
- ANCC/AANP certification or evidence of eligibility for certification (when available)
- Copy of Registered Nurse License
- Copy of ARNP License (*if already available*)
- Written confirmation of eligibility of NP program graduation
- Headshot photo (*used for identification purposes only*)

Essays:

Please submit essay responses to the following questions. This is an opportunity to communicate to CHC your personal statement of qualifications, interest, and motivation in acceptance to this residency.

- 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.
- What are the goals that you are looking to accomplish during your residency at CHC? Please identify specific areas of interest by lifecycle, age, or setting that in which you would like to develop increased mastery, competence or confidence.
- CHC's Residency is a unique interdisciplinary residency with physicians, nurse practitioners, and dentists learning and working alongside each other. Please comment on your personal qualities and strengths that you think will contribute positively to the program. What apprehensions, concerns, and hesitations do you have? Please feel free to be straightforward!

Letters of Reference:

Please have the reference letters mailed directly to you and then submitted within the packet. Please have the references include an email address or phone number at which they can be reached if necessary.

- 1 letter from either an employer or clinical preceptor
- 1 letter from an advisor/NP Faculty/Program Director providing a brief assessment of your capabilities for this residency
- 1 letter from the Associate Dean indicating your cumulative GPA, academic standing and verifying graduation criteria will be fulfilled by June 2019

Application for 2019-2020 Community Health Care Family Nurse Practitioner Residency

Name: _____
Last First Middle Degree

Address: _____
Street City/State Zip

Phone: (____) ____ - ____ (preferred) (____) ____ - ____ (alternate)

Email: _____ Years of RN experience: _____

Graduate University: _____ Proficient Language(s): _____

CLINICAL ROTATIONS/FELLOWSHIPS/PRECEPTORSHIPS

List in chronological order—include month/year of attendance, clinical hours, full mailing address of clinical institution & preceptor/attending provider's name/title. *(Attach additional page if needed)*

Clinical Institution: _____

Dates ____ / ____ / ____ to ____ / ____ / ____ Hours Completed: _____

Address: _____
Street City/State Zip

Specialty: _____ Preceptor: _____

Clinical Institution: _____

Dates ____ / ____ / ____ to ____ / ____ / ____ Hours Completed: _____

Address: _____
Street City/State Zip

Specialty: _____ Preceptor: _____

Clinical Institution: _____

Dates ____/____/____ to ____/____/____ Hours Completed: _____

Address: _____
Street City/State Zip

Specialty: _____ Preceptor: _____

Clinical Institution: _____

Dates ____/____/____ to ____/____/____ Hours Completed: _____

Address: _____
Street City/State Zip

Specialty: _____ Preceptor: _____

POST GRADUATION/BOARD CERTIFICATION STATUS

1. Are you currently in good academic standing & expect to graduate 'on time'? Y/N _____
2. What is your actual/expected date of graduation? DATE: ____/____/____
3. Have you been accepted to the Certification Body to take the FNP boards? Y/N _____
4. What is your expected date of board certification? DATE: ____/____/____
5. Are you available to live & work in the Tacoma/Pierce County area for an intense 13 month professional residency? Y/N _____
6. Do you intend to practice as a primary care provider in a FQHC? Y/N _____

Other Certifications & Memberships

Please note all professional certifications (ACLS, PALS, etc.) and any memberships to professional societies, etc.

Areas of Interest/Specialty: _____ (Primary)/ _____ (Secondary)

Permission to Release Information

I, _____, give permission to _____
(clinical supervisor, faculty member, advisor, associate dean, or chair/program director) to
provide information about me for the purposes of a reference letter for the application to the
Community Health Care Family Nurse Practitioner Residency.

Signature

Date

(Please make appropriate copies of this page & distribute as needed)

Please attach all required documentation to support your residency application in the order listed below. **Applications deadline is March 25, 2019**

- Application
- CV (with 5 year work history)
- Essay responses
- Three letters of reference
- ANCC/AANP certification or evidence of eligibility for certification (when available)
- Copy of Registered Nurse License
- Copy of ARNP License (*if already available*)
- Written confirmation of eligibility of NP program graduation
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**Community Health Care
NURSE PRACTITIONER RESIDENCY
Attn: Residency Administrator
1202 MLK Jr. Way
Tacoma, Washington 98405**

Please email npresidency@commhealth.org with any questions you may have.

Thank you for applying to CHC's Community Health Care
Family Nurse Practitioner Residency.