



*“Growing the next generation of primary care providers”*

## Now Accepting Applications for: 2024 - 2025 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 2024
- 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 prompts listed in the essay section
- Three letters of reference as detailed in the reference section
- ANCC/AANP certification or evidence of eligibility for certification (when available)
- Copy of Registered Nurse License
- Copy of ARNP License (*if already available*)
- Official copy of school transcripts
- 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. Remember to answer the prompts as provided. This is not a personal statement.

- 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 2024

# Application for 2024-2025 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: \_\_\_\_\_

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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: \_\_\_\_\_

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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 to all references)*

Please attach all required documentation to support your residency application in the order listed below. We will not accept online submissions. All applications must be received by the director before the application deadline. **Application deadline is 11:59 pm PST on March 1st, 2024.**

- 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*)
- Official copy of school transcripts
- Headshot photo (*used for identification purposes only*)

**Community Health Care  
NURSE PRACTITIONER RESIDENCY  
Attn: Residency Director  
1202 Martin Luther King Jr. Way  
Tacoma, Washington 98405**

Please email [npresidency@commhealth.org](mailto:npresidency@commhealth.org) with any questions you may have.

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