

Nurse Practitioner Fellowship Application

1. Nurse Practitioner Transition to Practice Fellowship at St. Thomas Community Health Center Program Overview.

This program is a 12-month postgraduate transition-to-practice fellowship designed specifically for Nurse Practitioners (NPs) who have, or will have, graduated from a NP program. The program is based within the St. Thomas Community Health Centers located in New Orleans and on the West bank. St. Thomas CHC is a Federally Qualified Health Center (FQHC) which addresses the health care needs of an underserved population.

This NP Fellowship program is designed for a new NP transitioning into clinical practice. The program offers a structured curriculum which includes on-site didactic teaching along with active clinical experiences and training. The focus is strictly on an outpatient clinical experience providing primary care to patients of all ages.

Some examples of the clinical rotations will include the following areas (listed alphabetically):

- Cardiology
- Family Medicine
- Infectious Disease (including HIV, hepatitis, etc.)
- Optometry
- Rheumatology
- Social Services
- Pulmonology
- Psychiatry
- Women's Health

2. Program Requirements

A full and unrestricted Louisiana nursing license

3-5 years clinical nursing experience

Satisfactory completion of a NP program

3. Required Documents

- a. **Statement of Interest** (One typewritten page describing career goals and motivation for pursuing the Nurse Practitioner Fellowship Program and how it will enhance your career.
- b. **Undergraduate Degree**
- c. **Graduate School Transcripts (official)**
- d. **Three Letters of Recommendation** – Letters must reflect clinical performance and must be from a person qualified to comment on your qualifications in your patient care setting. One MUST be from an attending physician (MD/DO). If you have not worked as an APRN, one MUST come from your graduate program director/faculty. The third letter can come from an APRN or DPN.
- e. **Curriculum Vitae**
- f. **Professional Photo**
- g. **Application Form** – Completed form with original signature.
- h. **Current nursing license**
- i. **LSBN Approval Letter** - Provide a letter of approval issued by LSBN indicating approval for prescriptive authority (PA) privileges in the state of Louisiana. Although this letter may not be available upon starting the fellowship, it is required such a letter is provided within the first three months.

4. Policies Regarding Fellowship Appointment

St. Thomas Community Health Center will conduct a background check.

St. Thomas Community Health Center is committed to equal employment opportunity as a sound business practice. Employment practices will not be influenced or affected by an applicant's or employee's race, color, religion, sex, sexual orientation, national origin, age, disability, or any characteristic protected by law.

Candidates accepted into the St. Thomas Community Health Center will require a two-year employment contractual commitment upon completion of the 12-month Fellowship program.

5. Applicant Information

First Name: _____

Middle Name: _____

Other Name(s) legally known by: _____

Last Name: _____

Current Mailing Address: _____

Apartment / Unit # _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Country of Citizenship: _____

Please list any languages other than English that you speak with sufficient proficiency to independently provide nursing care.

(Leave blank if none)

Are you able to work in the US without sponsorship? Yes ___ No ___

Have you ever been convicted of a felony? Yes ___ No ___

If yes, please provide details of conviction including dates on separate page and including with your application submission.

Do you have any friends or relatives that work at STCHC? Yes ___ No ___

If yes, please provide name(s) & relationship. _____

Do you currently reside in a medically underserved community? Yes ___ No ___

Please list any Community-Based Health Clinic and/or Federally Qualified Health Center experience and dates:

Did you graduate or will you graduate from an accredited DNP, or MSN program before December 31, 2023? Yes ___ No ___

Do you have any existing (military or other) service obligations? Yes ___ No ___

Are there any current or future obligations that may impair your ability to complete this 12-month fellowship program and the additional 2-year employment contract?

Yes ___ No ___

Have you ever been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agencies for either conduct-based or performance-based actions? Yes ___ No ___

If yes, please provide an explanation on a separate document and attach.

Do you have a current and fully unrestricted Louisiana nursing license?

Yes ___ No ___

If no, please provide an explanation on a separate page and including with your application submission.

Have you ever had any action or restriction on your nursing license by any state board of nursing?

Yes___ No___

If yes, please provide a detailed explanation on a separate page and include it with your application.

State your date of graduation from NP program (anticipated or actual).

Are you able to perform the essential duties of the fellowship which you are applying?

Yes ___ No ___

6. Fellowship specific questions.

a. Why do you want to complete a Nurse Practitioner Fellowship?

b. What health-related, community, or personal experiences or activities have you participated in that have prepared you to work with those living in medically underserved areas?

c. What is your most valued quality in a preceptor/mentor?

7. Voluntary Information

Date of Birth (MM/DD/YYYY): _____

Gender (at birth): Male _____ Female _____

Preferred pronouns: _____

Ethnic Origin:

_____ African American

_____ American Indian/Native American

_____ White, Non-Hispanic

_____ Asian/Pacific Islander

_____ Hispanic

_____ Other _____

Are you or have you ever been in the Armed Forces of the United States?

Yes ___ No ___

If yes, branch: _____

Dates of Service: From _____ to _____

8. Eligibility criteria for STCHC Transition to Practice Fellowship.

Possess a current/valid, unrestricted Louisiana Registered Nurse (RN) license;

Possess a minimum of a graduate degree or post graduate award with a concentration in the respective Family Nurse Practitioner role and population focus from an accredited college or university that meets the curriculum guidelines established by the Louisiana State Board of Nursing;

Possess current national certification in the Family Nurse Practitioner role

Not have grounds for or pending disciplinary action upon your Louisiana RN or other APRN licenses;

Not have pending disciplinary action by any nursing or other health regulatory board in any US state or in a country outside the US;

Not have pending civil or criminal charges in any US state or in a country outside the US;

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1. 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.

I authorize St. Thomas Community Health Center and its agents to make investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at the employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services, or other entities provided on my employment application. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Applicant Printed Name: _____

Applicant Signature: _____

Date of Signature: _____

Please submit all application documents to npfellowship@stthomaschc.org