

General Information

Please complete all relevant fields. (This is a PDF with “fillable” form.)

First Name	Middle Name	Last Name	Maiden

Street Address

City	State	Zip

Contact Email Address	Phone

Gender & Ethnicity (optional)

<input type="radio"/> Female	<input type="radio"/> Male	Ethnicity (optional):	
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Please provide information on your immigration status.

Country or Citizenship	Visa	Visa Number	Visa Date

Please list all non English languages spoken and level of fluency.

Language 1:		Fluency:	
Language 2:		Fluency:	
Language 3:		Fluency:	

Nursing Licensing Information:

License State:		License State:	
License Number:		License Number:	

Did you leave in good standing from your health care jobs/positions? Yes ___ No ___ If no, please list the reason and details:

Education Information

List undergraduate, graduate, in progress and other professional education below:

Education Type:	
Degree Earned:	
Institution Name:	
Institution City, State:	
Attendance Dates:	

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Professional Reference

Please list the names and addresses of references as follows and based upon the definitions below:

- Clinical Faculty – graduate program
- Clinical Preceptor – graduate program
- Professional Reference – preferably a manager

Full Name (First/ Last):	
Reference Type:	
Institution/Relationship:	
Reference Specialty:	
Street Address:	
City, State, Zip:	
Email:	
Phone Number:	

Full Name (First/Last):	
Reference Type:	
Institution/Relationship:	
Reference Specialty:	
Street Address:	
City, State, Zip:	
Email:	
Phone Number:	

Full Name (First/Last):	
Reference Type:	
Institution/Relationship:	
Reference Specialty:	
Street Address:	
City, State, Zip:	
Email:	
Phone Number:	

Please offer a professional reference from **another discipline** that you have worked with (No reference letter required from this reference):

Full Name (First/Last):	
Reference Type:	
Institution/Relationship:	
Reference Specialty:	
Street Address:	
City, State, Zip:	
Email:	
Phone Number:	

Site Selection

Please select a first choice (1) and second choice (2) of sites.

	ECHO Community Healthcare – Evansville, IN (FNP Residency)
	Southern Indiana Community Health Center - Paoli, IN (FNP Residency)

Application Submission

- Completed Nurse Practitioner Residency Program Application
- Responses to the 9 Essay Questions (Word document, double-spaced, 12 font, maximum of 2 pages per question)
- Resume/curriculum vitae
- Three reference letters from the references listed in this application (The reference letters may be sent separately from the above and should be submitted no later than July 18, 2021.)

Please submit application, essay questions and resume/curriculum vitae in **one email** to the attention of Dr. Phillips at laphillips2@usi.edu. The reference letters may be submitted individually. Subject line of all emails: Nurse Practitioner Residency Program Application. **Application deadline July 18, 2021.**

All application materials must be received before an admission decision can be made.

Application Attestation

I attest that all information provided in this application is true and complete to the best of my knowledge and belief. I will notify the Organizations and/or their agents within 10 days of any material changes to the information I have provided in my application or authorized to be released pursuant to the credentialing process. I understand that corrections to the application are permitted at any time prior to a determination of membership and/or privileges or affiliation by the Organizations, and must be submitted on-line or in writing, and must be dated and signed by me.

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Electronic Signature-type full name

Last 4 digits of SSN

Date

It is the policy of the University of Southern Indiana to be in full compliance with all federal and state non-discrimination and equal opportunity laws, orders and regulations relating to race, color, religion, sex (including pregnancy), national origin, age, disability, genetic information, sexual orientation, gender identity or veteran status. Questions or concerns should be directed to the Affirmative Action Officer, USI Human Resources Department, University of Southern Indiana, 8600 University Boulevard, Evansville, IN 47712.

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$396,091.00 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Essay Question

Please submit responses to the following questions in a single Word document: type-written, double spaced, 12 font, maximum of 2 pages per question. This is an opportunity to reflect upon and communicate your personal statement of qualifications, interest, and motivation to this Residency.

1. What personal, professional, educational, and clinical experiences have led you to choose nursing as a profession and the role of nurse practitioner as a specialty practice?
2. Please describe your desire to train in a Community Health Center as well as your long-term commitment to practicing as a primary care provider in a rural and/or underserved area.
3. What are your professional goals for a NP Residency Program, including your aspirations for your short- and long-term career development?
4. When reflecting upon quality, administrative, and fiscal responsibilities in the role of a Nurse Practitioner, what do you feel is your role in each area and what would you like to develop an increased mastery, competence, and confidence in?
5. What is your interest in this specific program with the University of Southern Indiana as the academic partner and the specific site you are requesting as the practice partner?
6. With limited positions across the nation for NP Residents, being accepted into a residency program is widely considered an honor. If selected for this prestigious position, how will you demonstrate your commitment throughout the program?
7. There will be a great deal of work and time commitment required of the NP Residents. Describe your work ethic and previous workplace experiences that demonstrate this time commitment to meet these expectations. (Eg. Early morning and evening hours may be required, charting after patient hours have been completed)
8. Other areas of focus for NP Residents include resilience, grit, passion, and drive. Describe yourself in each of these areas.
9. The Residency for Nurse Practitioner is a fairly new concept in our region and will require the residency class to participate to some degree as “co-creators” of this model. Please comment on your personal qualities and strengths that you think will contribute positively to this experience.