



NP Fellowship Program
Family Practice & Community Psychiatry

Community Healthcare Network Nurse Practitioner Fellowship Application

Please check one:

Family NP Fellow

Psych NP Fellow

Scholar

Name

Other names used

Address

Telephone number

Email address

Languages Spoken (please indicate fluency or conversational)

Active or retired military personnel:

Yes

No

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 *If you have not obtained, put N/A

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

4. Any other certifications or memberships?

5. Academic Appointments (example: Professor at University)

Name

Rank

Department

Dates From (mm/yy)

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: please send all the documents below to yperez@chnnyc.org.

- This application, filled out
- Essay responses
- 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 (can be included here or sent separately to npfellowship@chnnyc.org). 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.
- Copy of Diploma (BSN, MSN) **If not obtained, please submit transcripts
- Copy of License as Nurse Practitioner **If you haven't graduated, do not check this box.
- Copy of License as Registered Nurse
- Federal DEA license **If you haven't graduated, do not send in.
- National Provider Identifier **If you haven't graduated, do not send in.
- ANCC/AANP certification (or evidence of eligibility) **If you haven't graduated, do not send in.
- Infection Control Certificate (<http://www.op.nysed.gov/training/icproviders.htm>)
- Copy of state issued photo ID
- \$50 application fee. Can be submitted by check, payable to Community Healthcare Network by mailing it to Yuliana Perez at 60 Madison Ave, 5th Floor NY, NY 10010 or can be submitted by PayPal to: event@chnnyc.org (put NP Fellowship in the notes)