

Please check one:

- Family Medicine**
- Community Psychiatry**

**Name:** \_\_\_\_\_  
Last First Middle

**Other Name(s) Used:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Apt# City State Zip

**Telephone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Additional Information** (for federal reporting purposes):

**Race:** \_\_\_\_\_ **Ethnicity:** Hispanic Non-Hispanic

**Languages Spoken:** \_\_\_\_\_

**Active or retired military personnel:** No Yes

**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.** Applicants must be Board Certified *OR* Board certified by the start of the program.

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:** \_\_\_\_\_

**Have you ever taken and failed a certification examination?**

Yes \_\_\_\_ No \_\_\_\_

**If yes, please explain:** \_\_\_\_\_

4. **Any other certifications or memberships?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Academic Appointments.** (Example: Professor at University)

Name \_\_\_\_\_

Rank \_\_\_\_\_

Department \_\_\_\_\_

Dates From (mm/yr) \_\_\_\_\_ to \_\_\_\_\_

6. **Practicing Specialty.** (Either formal certification or significant practice experience)

Primary \_\_\_\_\_

Secondary \_\_\_\_\_

## Essay Questions

Please choose three of the five questions below to respond to. You may answer them separately or combine into one essay. Answer must be no more than 2 pages total.

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

- Fellowship Application
- CV in month/year format (include previous clinical rotations)
- If not board certified at the time of application, 3 professional letters of recommendation. If board certified at the time of application, 2 letters of recommendation. Letters must be:
  - Dated, signed and addressed to Dr. Taisha Benjamin
  - 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
- Essay Responses
- Copy of state issued photo ID
- \$50 application fee that can be submitted by PayPal to: [event@chnnyc.org](mailto:event@chnnyc.org) (put NP Fellowship in the notes)

**Submit application and all materials to: [NPFellowship@chnnyc.org](mailto:NPFellowship@chnnyc.org)**