NP
FELLOWSHIP PROGRAM
FAMILY MEDICINE & COMMUNITY PSYCHIATRY

Scholar Application

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.

Education/Certifications:

Institution	Dates	Area of Study	Degree	City/State

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Licenses:

State	License Type	License Number	Issue Date	Expiration Date

Board Certification:

Certification Type	Certifying Body	Certification Number	Issue Date	Expiration Date

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: _____

Essay Questions

Please answer the questions below. Answer must be no more than 1 page.

1. Part of the goal of the CHN Fellowship is to address the healthcare disparities that face communities across the country. How do you foresee yourself helping to address these healthcare challenges?

2. 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?

Final Checklist

- ☐ Fellowship Application
- ☐ CV in month/year format (include previous clinical rotations)
- ☐ Essay Responses
- ☐ Copy of state issued photo ID

Submit application and all materials to: yperez@chnnyc.org