AdventHealth APP Fellowship Application

Checklist of Required Documents to Submit

*(Please combine your application along with all relevant documentation into one **PDF** file for submission)*

- ☐ APP Fellowship Application
- ☐ Attach Curriculum Vitae
- ☐ Attach a typed one-page statement of your interest in a postgraduate APP fellowship
- ☐ Attach a copy of BLS certification card or certificate
- ☐ Attach copy of APRN, Nurse Practitioner and/or Physician Assistant Certification
- ☐ Attach a recent professional headshot or passport-sized photograph
- ☐ NP/PA Graduate transcripts *(Unofficial transcripts accepted for current student applicants. Please note, graduation and national board APP certification must be completed before fellowship can be officially offered)*
- ☐ Three letters of recommendation *(must be typed on official letterhead, signed and dated within the last 12 months- see below)*

New graduates with no NP/PA experience must submit the following:

- ☐ One letter of recommendation from a physician
- ☐ One letter of recommendation from a faculty member of your graduate program (advisor, professor)
- ☐ One letter of recommendation of your choice (APP preceptor, mentor, etc.)

Those with prior NP/PA experience must submit the following:

- ☐ One letter of recommendation from a physician
- ☐ One letter of recommendation from a peer (NP, PA, Clinical Nurse, other professional colleague)
- ☐ One letter of recommendation from an individual at a supervisory level (Manager, Medical Director, APP Lead)

Application Submission Instructions

Please submit your completed application packet and questions via email:
OfficeofAdvancedPractice@adventhealth.com

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Please state the APP Fellowship program you are applying for: can be multiple (example- Neurology)

Demographic information

Name

Current Address

Phone Number

Email Address

Languages Spoken

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Education (most recent)

Name of School

Address

Anticipated Graduation Date

Anticipated National Certification Date

Previous Education (List most recent first, include nursing/PA school, undergraduate, etc.)

Institution	Dates of Attendance	Degree	Date Degree Awarded

Employment

Organization	Position	Date of Employment

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NP/PA Experience (may list rotations/clinicals)

Organization	Position	Date of Employment

Nursing Licensure

State	License Number	Date Issued	Date of Expiration

NP/PA Licensure

State	License Number	Date Issued	Date of Expiration

Honors, Awards, Societies

Research Projects/Participation, Publications

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I declare that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand AdventHealth may request additional information from the above-named institutions and references regarding my candidacy. I understand that misrepresentation of facts called for on this application will result in rejection or dismissal after the fellowship begins.

Print Name

Signature **Date**

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