

# Critical Care Medicine APP Fellowship

## Checklist of Required Documents to Submit

- Critical Care Medicine APP Fellowship Application
- Curriculum Vitae or Resume
- One Page State of Interest in Critical Care Medicine Postgraduate Fellowship Training
- BLS and ACLS Certification
- Copy of National Board Certification in respective APP Specialty
- NP/PA Graduate Transcripts (unofficial transcripts accepted for current student applicants) ; minimum GPA of 3.5 upon successful completion of Master's Program
- Three Letters of Recommendation (see below)

Please combine your application and all relevant documents into one PDF document for submission

### New APP Graduates Letter of Recommendation Requirements:

- One letter of recommendation from a physician who has worked with you clinically
- One letter from a faculty member of your graduate program (advisor, professor)
- One letter from someone of your choice (APP preceptor, mentor, etc.)

### APPs with Prior Experience Letter of Recommendation Requirements:

- One letter of recommendation from a physician who has worked with you clinically
- One from an APP Peer
- One from individual in supervisory role (medical director, APP lead, or similar)

### Application Submission Instructions

For questions and more information, please contact:

**Affitin Anderson DNP, AG-ACNP**

*Program Co-Director CCM APP Fellowship*  
Affitin.Anderson.APRN@adventhealth.com

**Please submit your application and all relevant documents via email to Affitin.Anderson.APRN@adventhealth.com**

### Application Period for November 2025 Fellowship

**Jan 2 - April 4:** Application Period

**April 7 - June 13:** Interviews

**June 16:** Applicant Selection and Notification

**June - October:** Credentialing Period

**November 3:** Fellowship Begins

# Critical Care Medicine APP Fellowship

Application

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## Demographic information

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Name

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Current Address

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Phone Number

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Email Address

## Languages Spoken

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Have you ever been convicted of a crime other than a traffic violation?  
If yes, please list date, conviction and court.

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**Education**

*If currently in school*

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**Name of School**

.....  
**Address**

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**Anticipated Graduation Date**

**Previous Education (Graduate and Undergraduate Programs)**

Institution	Dates of Attendance	Degree	Date Degree Awarded

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**Employment**

Organization	Position	Dates of Employment

**NP/PA Experience (may list rotations/clinical)**

Organization	Position	Dates of Employment or Clinical Rotation

**NP/PA Licensure**

State	License Number	Date Issued	Date of Expiration

**Nursing Licensure**

State	License Number	Date Issued	Date of Expiration

**Honors, Awards, Societies**

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**Research Projects/Participation, Publications**

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# Critical Care Medicine APP Fellowship Application

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**