Gastroenterology & Hepatology APP Fellowship

Checklist of Required Documents to Submit

- ○ Gastroenterology APP Fellowship – Application
- ○ Attach Curriculum Vitae
- ○ Attach a typed one-page statement of your interest in gastroenterology postgraduate fellowship training
- ○ Attach a copy of BLS and ACLS certification certificates; active RN license if applicable
- ○ Attach a recent professional headshot or passport-sized photograph
- ○ NP/PA graduate transcripts (unofficial transcripts accepted for current student applicants)
- ○ Three letters of recommendation (must be typed on official letterhead, signed and dated within the last year)
- ○ Please combine your application and all relevant documents into one PDF document for submission

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

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

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

- ○ One from a physician
- ○ One from a peer (NP, PA, clinical nurse, other professional colleague)
- ○ One from someone at a supervisor level (manager, medical director, APP lead)

Application Submission Instructions

For questions and more information, please contact:

Leila MacMahon, APRN
Inpatient Lead APP Gastroenterology Central FL Division
Program Director APP Fellowship Gastroenterology

Please submit your application and all relevant documents via email to Leila.MacMahon.APRN@adventhealth.com

Application Period for November 2026 Fellowship

Feb 1 - May 1, 2026: Application Open

May 1 - July 3: Interviews

July 10: Applicants Selected and Notified

July - November: Credentialing period

November 2: Fellowship Begins

AdventHealth

21-PC-13643

Gastroenterology APP Fellowship

Application

Demographic information

Name

Current Address

Phone Number

Email Address

Languages Spoken

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

Name of School

Address

Anticipated Graduation Date

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

Institution	Dates of Attendance	Degree	Date Degree Awarded

Employment

Organization	Position	Dates of Employment

NP/PA Experience (may list rotations/clinicals)

Organization	Position	Dates 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

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.

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Print Name

.....

Signature

.....

Date

AdventHealth