

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
Leila.MacMahon.APRN@adventhealth.com*

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

Application Period for November 2025 Fellowship

Jan 2 - April 4, 2025: Application Open

April 7 - June 13: Interviews

June 16: Applicants Selected and Notified

June - October: Credentialing period

November 3: Fellowship Begins



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.

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/clinical)

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

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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