

2024 Palliative Medicine APP Fellowship

Checklist of Required Documents to Submit

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

- Palliative Medicine APP Fellowship Application
- Attach Curriculum Vitae
- Attach a typed one-page statement of your interest in a palliative medicine postgraduate 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)*
- 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 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

Daniel Lajoie, APRN, ACHPN
Program Director, Palliative Medicine APP Fellowship

Kim Armstrong, BSN, RN
Program Coordinator, Palliative Medicine APP Fellowship

Please submit your completed application packet and questions via email to:
Daniel.Lajoie@AdventHealth.com and
Kim.Armstrong@AdventHealth.com

Application Period

April 3, 2023 to July 12, 2023:
Applications Open

August/September 2023:
Candidate Interviews, Selection,
Notification and Acceptance

January 2024: Fellowship Begins



Palliative Medicine 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 explain date, conviction and court.**

Education

If currently enrolled in school

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Name of School

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Address

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Anticipated Graduation Date

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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	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.

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Print Name

.....
Signature

.....
Date