



Now Accepting Applications for Our Nurse Practitioner Residency in Community Health and Primary Care

Training the Next Generation of APRNs in Integrated Primary Health Care

Community Health Center, Inc. (CHC) of Connecticut, one of the country's largest and oldest Federally Qualified Health Centers (FQHCs), is pleased to announce that it is accepting applications for the Nurse Practitioner Residency Program in Family Practice and Community Health.

There are five training sites across Connecticut—

Middletown, Meriden, New Britain, New London and Norwalk.

The class of 2017–2018 will begin in September 2017. Application deadline is April 1, 2017.

CHC is committed to leadership, transformation and innovation in health care. Through its Weitzman Institute, CHC develops new models and programs designed to resolve clinical, systemic, technologic and operational barriers to ensuring full access to effective health care for all individuals. This residency is designed for new nurse practitioners with a commitment to developing career practices in the challenging setting of the FQHC and/or special populations.

The Nurse Practitioner Residency in Family Practice and Community Health has the following goals:

- **EXPAND** access to quality primary care for underserved and special populations, and contribute to primary care clinical workforce development by training new Nurse Practitioners in a FQHC-based residency program.
- **SUPPORT** the achievement of competence, confidence, and mastery in all domains of primary care that are needed to serve as a full scope, primary care provider in a complex FQHC setting through a highly structured transition experience that includes the necessary depth, breadth, volume and intensity of clinical practice.
- **TRAIN** new Nurse Practitioners to a model of primary care consistent with the Patient Centered Medical Home principles including care that is comprehensive, team-based, patient-centered, coordinated, accessible, high quality and safe.
- **INCREASE** the overall confidence and professional job satisfaction of new Nurse Practitioners who are committed to working in underserved community settings.
- **CULTIVATE** the leadership qualities and potential of Nurse Practitioners to engage in leadership roles and activities both within their practice setting as well as in the local, state, and federal communities with which they are engaged.

Application Requirements:

1. Completed Application
2. CV
3. Three (3) letters of recommendation. Please see below for specifics on who letters should come from.

**If you have any questions or difficulties, please don't hesitate to email
Charise Corsino, NP Residency Program Manager at Charise@chc1.com**

General Information

Please complete all relevant fields.

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Suffix</i>
<i>Contact Email Address</i>		<i>Cell Phone</i>	<i>Home Phone</i>

Gender: Male: Female:

Birth Place:

Ethnicity (Optional):

Home Address

Please enter your home address in full.

<i>Home Address Line 1:</i>	<input type="text"/>		
<i>Home Address Line 2:</i>	<input type="text"/>		
<i>City:</i>	<i>State:</i>	<i>Zip:</i>	<input type="text"/>

Other Names

Please enter any other names by which you have been known including those appearing on professional diploma and licensure.

<i>Other First Name</i>	<i>Other Middle Name</i>	<i>Other Last Name</i>	<i>FromDate (mm/yy)</i>	<i>ToDate (mm/yy)</i>
<i>Other First Name</i>	<i>Other Middle Name</i>	<i>Other Last Name</i>	<i>From Date (mm/yy)</i>	<i>ToDate (mm/yy)</i>

For Non U.S. Citizens

Please provide information on your immigration status.

<i>Country or Citizenship</i>	<i>Visa</i>	<i>Visa Number</i>	<i>Visa Date</i>

Language(s)

Please list all non English languages spoken and level of fluency.

<i>Language 1:</i>	<input type="text"/>	<i>Fluency:</i>	<input type="text"/>
<i>Language 2:</i>	<input type="text"/>	<i>Fluency:</i>	<input type="text"/>
<i>Language 3:</i>	<input type="text"/>	<i>Fluency:</i>	<input type="text"/>

Education

List undergraduate, graduate and professional education below.

Education Type:					
Degree Earned:					
Institution Name:					
Address Line 1:					
Address Line 2:					
City:			State:	Zip:	
Phone:		Fax:		Country:	
From (mm/yy):		To: (mm/yy):			

Education Type:					
Degree Earned:					
Institution Name:					
Address Line 1:					
Address Line 2:					
City:			State:	Zip:	
Phone:		Fax:		Country:	
From (mm/yy):		To: (mm/yy):			

Education Type:					
Degree Earned:					
Institution Name:					
Address Line 1:					
Address Line 2:					
City:			State:	Zip:	
Phone:		Fax:		Country:	
From (mm/yy):		To: (mm/yy):			

Professional Reference

Please list the names and addresses of references as follows and based upon the definitions below:

- Program Director—graduate program
- Clinical Preceptor
- Professional Reference—preferably a manager

Professional Reference

Name:	Reference Type:			
Institution/Relationship:	Specialty:			
Address Line 1:				
Address Line 2:				
City:	State:	Zip:		
Contact Phone:	Fax:			
Email:				

Professional Reference

Name:	Reference Type:			
Institution/Relationship:	Specialty:			
Address Line 1:				
Address Line 2:				
City:	State:	Zip:		
Contact Phone:	Fax:			
Email:				

Professional Reference

Name:	Reference Type:			
Institution/Relationship:	Specialty:			
Address Line 1:				
Address Line 2:				
City:	State:	Zip:		
Contact Phone:	Fax:			
Email:				

Application Attestation

I attest that all information provided in this Application is true and complete to the best of my knowledge and belief. I will notify the Organizations and/or their agents within 10 days of any material changes to the information I have provided in my application or authorized to be released pursuant to the credentialing process. I understand that corrections to the application are permitted at any time prior to a determination of membership and/or privileges or affiliation by the Organizations, and must be submitted on-line or in writing, and must be dated and signed by me.

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Electronic Signature – Type full name

Last 4 digits of SSN

Date

Essay Question

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to CHC your personal statement of qualifications, interest, and motivation in acceptance to this Residency. Additional space is available at the end of this application.

A. What personal, professional, educational and clinical experiences have led you to choose nursing as a profession and the role of a family nurse practitioner as a specialty practice?

Essay Question

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to CHC your personal statement of qualifications, interest, and motivation in acceptance to this Residency. Additional space is available at the end of this application.

B. Please describe your desire to train in a Community Health Center setting as well as your long term commitment to practicing as a primary care provider.

Essay Question

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to CHC your personal statement of qualifications, interest, and motivation in acceptance to this Residency. Additional space is available at the end of this application.

C. What are your goals for a NP Residency Program, including your aspirations for your short and long term career development?

Essay Question

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to CHC your personal statement of qualifications, interest, and motivation in acceptance to this Residency. Additional space is available at the end of this application.

D. What are the specific areas of interest (by lifecycle, age, or setting) you would like to develop an increased mastery, competence and confidence in?

Essay Question

Use this additional space to continue your essay. Please indicate Essay Question A, B, C, or D.

Essay _____

Essay Question

Use this additional space to continue your essay. Please indicate Essay Question A, B, C, or D.

Essay _____

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Use this additional space to continue your essay. Please indicate Essay Question A, B, C, or D.

Essay _____

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Essay _____