**Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please submit this checklist as the coversheet for your application documents to** [**NTX118.MentalHealth.NPR@va.gov**](mailto:NTX118.MentalHealth.NPR@va.gov)**. All documents should be submitted in PDF format. Incomplete applications will not be accepted or reviewed. Due by or on 02/01/2023.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Forms** | **Completed** | **Date** | **Initials** | **Program √ (for program only)** |
| [VA form-Application for Health Professions Trainees](https://www.va.gov/vaforms/medical/pdf/vha-10-2850d-fill.pdf) |  |  |  |  |
| [VA form-Declaration for Federal Employment](https://www.opm.gov/forms/pdf_fill/of0306.pdf) |  |  |  |  |
| NPR Residency Application (located in the Application Instruction document; click on the icon below) |  |  |  |  |
| Interest Statement |  |  |  |  |
| Three (3) Letters of Reference:   1. Academic Instructor 2. Graduate level preceptor 3. Place of Employment/co-worker |  |  |  |  |
| Curriculum Vitae/Resume |  |  |  |  |
| Unofficial Nursing School Transcript |  |  |  |  |

Your signature attest that all required documents are true, accurate, and complete to the best of your knowledge. You understand that an incomplete application will not be reviewed, and you will not be notified.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_