



VA Portland Health Care System Primary Care Nurse Practitioner Residency Program Application

The VA Portland Health Care System Nurse Practitioner Residency Program is a 12-month post-graduate, supervised training program within the Primary Care setting with a focus on interdisciplinary collaboration and the development of leadership skills within a dynamic and complex health care setting. Residents will manage a panel of patients alongside a dedicated NP clinical supervisor. In addition to Primary Care, the program includes specialty rotations based on the resident's identified learning needs.

The resident will participate in activities including journal clubs, grand round lectures, and simulation practicums with other interdisciplinary team members. Residents will also complete an evidence-based, quality improvement project focused on the complex needs of the Veteran population.

Benefits

- ❖ Approximately \$83,000 stipend
- ❖ Health insurance including vision and dental coverage
- ❖ 4 hours of annual leave and 4 hours of sick leave per pay period
- ❖ 11 paid federal holidays
- ❖ Gateway to an exciting career caring for America's heroes!

Eligibility Requirements

- ❖ US citizenship
- ❖ Graduated from an accredited master's or Doctor of Nursing Practice program within the past 12 months
- ❖ Board certification as an Adult-Gerontology or Family Nurse Practitioner from AANP or ANCC accrediting bodies by start date of residency program
- ❖ State APRN licensure by start date of residency program
- ❖ DEA certification (the Portland VA will provide an institutional DEA at no cost to the resident)
- ❖ BLS certification
- ❖ VA Health Professional Scholarship recipients are unfortunately, not eligible for this program

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
VA Portland Health Care System



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APPLICATION FOR PRIMARY CARE NURSE PRACTITIONER RESIDENCY PROGRAM

Applications are accepted from May 1st thru May 31st.

PERSONAL DATA INFORMATION

Name:

First MI Last

Mailing Address:

Street: _____

City/State/Zip: _____

Phone:

Home: _____ Cell: _____ Other: _____

Email Address:

Primary: _____ Secondary: _____

State Nursing License:

Type	Number	State	Exp. Date

Certification:

Type	Certifying Organization	Number	Exp. Date

Education:

	Institution & Location	Dates Attended	Degree	Date Received	Field of Study
Undergraduate					
Graduate					
Other					

If more space needed for licensure, certification or education please attach additional paper



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PERSONAL ESSAY & RECOMMENDATIONS

APPLICATION QUESTIONS:

Please limit responses to each question to 200 words or less.

1. What personal, professional, or educational experiences (including RN experience) led you to pursue a career as a nurse practitioner?
2. What do you specifically desire to learn in an interprofessional residency training program?
3. What educational or experiential opportunities do you desire in a training program?
4. Please describe any prior research endeavors and any interest in future research activities.
5. Please describe anticipated NP career goals post residency?
6. Have you completed any clinical rotations or been employed in a VA facility? If so, please list including date(s), VA facility, unit/clinic, school affiliation, and course.

LETTERS OF RECOMMENDATION:

Please provide three letters of recommendation from individuals who can comment on your clinical competence, achievements, and educational background. At least one letter must be from a clinical preceptor. Please have individuals provide letters via e-mail or mail letters directly to the program using the contact information below. Please provide the name and e-mail address of each individual.

1. _____

2. _____

3. _____



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APPLICATION PACKET CHECKLIST:

- Personal Data Information Form
- Answers to the application questions
- Copy of current CV/Resume
- Three letters of recommendation
- Copy of transcripts from graduate nursing programs

I attest that I hold an active, unencumbered license to practice as a registered nurse, am in good standing and have no current disciplinary actions pending in any jurisdiction. I attest that the information provided on all forms of this application is true and accurate to the best of my knowledge.

Signature of Applicant

Date

Thank you for applying to the VA Portland Health Care System Primary Care NP Residency Program.
We look forward to reviewing your application.

Lakshi Aldredge, MSN, APRN, ANP-BC, DCNP, FAANP
Primary Care Nurse Practitioner Residency Program Director

Please complete checklist and return contents of this application no later than May 31st.

Lakshi Aldredge, MSN, ANP-BC, DCNP, FAANP
Residency Program Director
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