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

**Please submit this checklist as the coversheet for your application documents to** **Julia.Paronish-Ludwig@va.gov** **. All documents should be submitted in PDF format. Incomplete applications will not be accepted or reviewed.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Forms** | **Completed** | **Date** | **Initials** | **Program √ (for program only)** |
| NPR Residency Application Instructions |[ ]  Click or tap to enter a date. |  |  |
| NPR Residency Application  |[ ]  Click or tap to enter a date. |  |  |
| [VA form-Application for Health Professions Trainees](https://www.va.gov/vaforms/medical/pdf/vha-10-2850d-fill.pdf) |[ ]  Click or tap to enter a date. |  |  |
| [VA form-Declaration for Federal Employment](https://www.opm.gov/forms/pdf_fill/of0306.pdf) |[ ]  Click or tap to enter a date. |  |  |
| Interest Statement (1/2 to 1 page) |[ ]  Click or tap to enter a date. |  |  |
| Three (3) Letters of Reference:1. Academic Instructor
2. Graduate level preceptor
3. Place of Employment/co-worker
 |[ ]  Click or tap to enter a date. |  |  |
| Curriculum Vitae/Resume |[ ]  Click or tap to enter a date. |  |  |
| **Unofficial** Nursing School Transcript |[ ]  Click or tap to enter a date. |  |  |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_