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| James E. Van Zandt VA Medical Center  2907 Pleasant Valley boulevard  altoona, pa 16602 |
| Primary Care  Nurse Practitioner Residency Application |
| A picture containing logo  Description automatically generated |
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| Please complete the application using Microsoft Word, print, and sign. Completed applications and CVs should be scanned and submitted as a PDF email attachment. Applicants are encouraged to keep a copy of the completed document for their own records. Incomplete applications will not be accepted or reviewed. Submit applications to [Julia.Paronish-Ludwig@va.gov](mailto:Julia.Paronish-Ludwig@va.gov) |

| Primary Care NP RESIDENCY APPLICATION | | | | |
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| Applicant Information | | | | |
| Name: Click here to enter text. | | | | |
| Phone: Click here to enter text. | | | | |
| Current address: Click here to enter text. | | | | |
| City: Click here to enter text. | State: Click here to enter text. | | | ZIP Code: Click here to enter text. |
| Email: Click here to enter text. | | | | |
| Graduate Nursing education | | | | |
| School: Click here to enter text. | | | | |
| City: Click here to enter text. | | | | State: Click here to enter text. |
| Dates attended: From Click here to enter a date. To Click here to enter a date. | | | | |
| Degree: Choose an item. | | Honors/Awards: Click here to enter text. | | |
| Other graduate degrees/certificates: Click here to enter text. | | | | |
| undergraduate education | | | | |
| School: Click here to enter text. | | | | |
| City: Click here to enter text. | | | | State: Click here to enter text. |
| Dates attended: From Click here to enter a date. To Click here to enter a date. | | | | |
| Degree: Click here to enter text. | | Honors/Awards: Click here to enter text. | | |
|  | | | | |
| School: Click here to enter text. | | | | |
| City: Click here to enter text. | | | | State: Click here to enter text. |
| Dates attended: From Click here to enter a date. To Click here to enter a date. | | | | |
| Degree: Click here to enter text. | | Honors/Awards: Click here to enter text. | | |
| Veteran information | | | | |
| Are you a Veteran or do you have a significant Military Background? Choose an item. | | If yes, please describe: Click here to enter text. | | |
| Are you a current or previous VA employee? Choose an item. | | If yes, include dates and assignments. Click here to enter text. | | |
| VANAP-GE experience | | | | |
| Were you a PC-NP trainee or did you complete the majority of your graduate clinical experience at the VA? Choose an item.  If so, what VA location? Click here to enter text. | | | | |
| Interest statement | | | | |
| Please provide interest statement (no more than one, double-spaced pages; can be completed on a separate page to include as a PDF attachment) and must clearly address the following:   * Reasons for wanting to complete an NP residency versus securing employment * Motivation for working with the Veteran population * Level of commitment to a career in the VA Healthcare System   Click here to enter text. | | | | |
| Letters of reference | | | | |
| Please include three letters of reference (academic instructor, a preceptor and one from a place of employment/co-worker) which include the following:   * A paragraph or sentence explaining how you know the applicant and the nature of your relationship with him/her. * An honest evaluation of the applicants’ skills and accomplishments. Try to include specific examples. * A statement or summary that explains why you would recommend the applicant for the PC-NPR Residency.   Letters must be *scanned and sent as a .PDF attachment with a handwritten signature* via email to:  [Julia.Paronish-Ludwig@va.gov](mailto:Julia.Paronish-Ludwig@va.gov) | | | | |
| Curriculum Vitae | | | | |
| Please include a copy of your most recent CV. This should be included with submission of your completed application in PDF format. | | | | |
| Signature | | | | |
| I do hereby attest that the information in this document is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material may result in my application not being considered for review. | | | | |
| Signature: | | | Date: | |