

## Program Requirements Checklist

(All documents to be submitted in pdf form to program director at the same time)

Item	Description
	Official Transcripts sent to Program Director email <a href="mailto:VHALASNursePractitionerDevelopmentProgramsEngage@va.gov">VHALASNursePractitionerDevelopmentProgramsEngage@va.gov</a>
	National Certification (ANCC/AANP preferred)
	State Nurse Practitioner Licensure (Nevada Preferred but not required)
	State Pharmacy Licensure (Nevada Preferred but not required)
	Application (VA 10-2850)
	500 Word (or less) Interest Statement answering the following questions: <ul style="list-style-type: none"> <li>• Reasons for wanting to complete a Nurse Practitioner Residency</li> <li>• Motivation for working with the Veteran population</li> <li>• How you plan on addressing ICARE values with your Veteran patients</li> </ul>
	Three (3) letters of reference (academic instructor, preceptor, employer/co-worker) <ul style="list-style-type: none"> <li>• A paragraph or sentence explaining how you know the applicant and the nature of your relationship.</li> <li>• An honest evaluation of the applicant's skills and accomplishments. Try to include specific examples.</li> <li>• A statement or summary that explains why you would recommend the applicant for the residency program.</li> </ul> <p><b><i>Letters must be sent as a pdf with a formal-time stamped electronic signature or a wet/handwritten signature.</i></b></p>
	Curriculum Vitae (CV) <ul style="list-style-type: none"> <li>• Include dates and years of experience including leadership skills &amp; skills applicable to your new nurse practitioner role</li> <li>• Provide dates and degrees earned, include schools attended and grade point average</li> <li>• Discuss clinical experiences during nurse practitioner school. Include the number of clinical hours and types of patient experiences</li> <li>• Construct an appealing but professional appearance for your CV</li> <li>• Include membership to professional organizations/awards, roles in received in the last three years</li> <li>• Discuss any participation activities in research activities or professional presentations</li> </ul>
	BLS (Basic Life Support)/CPR current American Heart Certificate required
	Send an email to the below requesting a return encrypted email to turn in all of the required documents in a secure manner. <a href="mailto:VHALASNursePractitionerDevelopmentProgramsEngage@va.gov">VHALASNursePractitionerDevelopmentProgramsEngage@va.gov</a>
	All documents must be turned in together in pdf format (except official transcripts).

