

### **SOUTHERN ARIZONA VA HEALTH CARE SYSTEM**

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**Post-Baccalaureate RN Residency (PBRNR)**

**\*\*\*Submit complete packages to contact below\*\*\***

Preferred method: Email completed package to [Gloria.Gdovin@va.gov](mailto:Gloria.Gdovin@va.gov)

May be hand-carried to the Nursing Education Office, Building 2, Room N-167

Not accepted by postal mail or fax

Office hours are Monday – Friday, 7:00 a.m. – 3:30 p.m.; closed on weekends and Federal holidays.

**Resume** plus **PB-RNR questionnaire** (see page 2)

**Application** (*10-2850D*) <https://www.va.gov/vaforms/medical/pdf/VA_Form_10-2850a.pdf>

**Declaration for Federal Employment** (*OF-306*) <http://www.opm.gov/forms/pdf_fill/of0306.pdf>

**Transcripts** (official or unofficial)

**CPR card** (*copy of front and back*)

**Contact information for 3 references (professional)**

**Key requirements:**

Must be a U.S. citizen

Must anticipate graduation from an accredited BSN/MEPN program.

Must be able to commit to working **full-time** from July 2023 through July 2023

If selected, must pass federal background check and drug test

Influenza & COVID vaccinations (or approved exception) required

**Name**: Click or tap here to enter text. **Today’s Date**: Click or tap to enter a date.

**University (for BSN/MEPN)**: Click or tap here to enter text.

**Please address the following topics (typed or legibly hand-written; add continuation sheet if needed):**

1. **What shaped your motivation to care for Veterans?**

Click or tap here to enter text.

2. **How will the VA benefit from your participation in the PBRNR program?**

Click or tap here to enter text.

3. **How will the PBRNR program contribute to your professional development?**

Click or tap here to enter text.

4. **What are your professional goals as they relate to nursing, including specialties?**

Click or tap here to enter text.