

# VA HAMPTON HEALTH CARE SYSTEM PRIMARY CARE NURSE PRACTITIONER RESIDENCY PROGRAM APPLICATION

The VA Hampton Health Care System Nurse Practitioner Residency Program is a 12-month post-graduate, precepted 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 preceptor. In addition to Primary Care, the program includes Specialty, Inpatient and Long-Term Care rotations.

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 \$80,000/year stipend
- ❖ Healthcare insurance including vision and dental coverage
- ❖ 4 hours of annual leave and 4 hours of sick leave bi-weekly
- ❖ 11 paid federal holidays

## **Eligibility Requirements:**

- Graduated from an accredited master's or Doctor of Nursing practice program within the past 12 months prior to the September 1<sup>st</sup> start date.
- Board certification as an Adult-Gerontology Primary Care of Family Nurse Practitioner from AANP or ANCC obtained prior to September 1<sup>st</sup> start date.
- Virginia State APRN licensure obtained prior to September 1<sup>st</sup> start date.
- DEA Certification
- BLS Certification
- US Citizenship



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
VA Hampton Health Care System

**VA HAMPTON HEALTH CARE SYSTEM  
PRIMARY CARE NURSE PRACTITIONER  
RESIDENCY PROGRAM APPLICATION**

**APPLICATION FOR PRIMARY CARE NURSE PRACTITIONER RESIDENCY  
PROGRAM**

**Academic Year begins September 1<sup>st</sup>**

**APPLICATIONS ACCEPTED FROM JANUARY 15<sup>th</sup> – APRIL 15<sup>th</sup>, 2024**

**(NO APPLICATIONS WILL BE ACCEPTED AFTER APRIL 15<sup>th</sup>)**

**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

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**Education:**

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

**PERSONAL ESSAY & RECOMMENDATIONS**

**Please answer the following questions on a separate piece of paper. Please limit responses to 500 words or less.**

1. What personal, professional, or educational experiences led you to pursue a career as a Nurse Practitioner?
2. What do you specifically desire to learn in an inter-professional residency training program?
3. What educational or experiential opportunities do you desire in a training program?
4. Are you interested in any research activity? If so, please elaborate.
5. What are your plans after completing the residency, if selected?
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 two (2) letters of recommendation from individuals who can comment on your clinical competence, achievements, and educational background. At least one (1) letter must be from a clinical preceptor. Please have the individuals provide letters via e-mail or mail letters directly to the program director using the contact information below. Please provide the name, telephone number, 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
- Two (2) Letters of Recommendation
- Original Transcripts from College and Graduate School(s)

I attest that I hold an active, unencumbered license to practice as a registered nurse, am in good standing and have no current disciplinary 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 Hampton Health Care System Primary Care NP Residency Program. We look forward to reviewing your application.

**Dr. Terry A. Guyton-Smith, FNP-C, CDP, CGS**  
**Residency Program Director**

Please complete checklist and return contents of this application by April 15, 2024.  
**(Applications submitted after this date will not be considered).**

**Dr. Terry A. Guyton-Smith, FNP-C, CDP, CGS**  
Residency Program Director  
Hampton VA Healthcare Center  
100 Emancipation Drive  
Hampton, VA 23667  
Email: [Terry.Guyton-Smith@va.gov](mailto:Terry.Guyton-Smith@va.gov)