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

**Please submit this checklist as the coversheet for your application documents to** **[NTX118.PrimaryCare.NPR@va.gov](mailto:NTX118.PrimaryCare.NPR@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)** |
| [VA Form 10-28500 Application for Health Professions Trainees.pdf](https://www.va.gov/files/2022-01/VA%20Form%2010-28500%20Application%20for%20Health%20Professions%20Trainees.pdf) |  |  |  |  |
| [VA form-Declaration for Federal Employment](https://www.opm.gov/forms/pdf_fill/of0306.pdf) |  |  |  |  |
| NPR Residency Application |  |  |  |  |
| Interest Statement |  |  |  |  |
| Three (3) Letters of Reference:   1. Academic Instructor 2. Graduate level preceptor   Place of Employment/co-worker |  |  |  |  |
| Curriculum Vitae/Résumé included but not limited-Include with Application  - Education & Awards/Honors  - Work Experience  - Research & Publication  - Leadership Service  - Life Experience/Professional membership |  |  |  |  |
| Un/official Nursing School Transcript |  |  |  |  |
| A copy of APRN License |  |  |  |  |

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