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| Primary Care NP Residency Application 2024-2025 |
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| VA Nebraska-Western Iowa Health Care System  4101 Woolworth Ave.  Omaha, NE 68105 |

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| Please complete the application using Microsoft Word, print, and sign. Completed applications and CV’s 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. Submit applications to PATRICIA.HOTALING@UNMC.EDU no later than April 29, 2024. Incomplete and late applications will not be reviewed. |

| 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? | | If yes, please describe: Click here to enter text. | | |
| Are you a current or previous VA employee? | | If yes, include dates and assignments. Click here to enter text. | | |
| VA NWIHCS - experience | | | | |
| Were you a VA NWIHCS trainee or did you complete the majority of your graduate clinical experience at the VA? Choose an item. | | | | |
| Interest statement | | | | |
| Please provide interest statement (no more than two, double-spaced pages) and must clearly address the following:   * Motivation for working with the Veteran population. * What are your aspirations for a Residency program? * Level of commitment to a career in the VA Healthcare System   + Please comment upon your vision and planning for your short and long-term goals. | | | | |
| 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 them. * 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 primary care NP Residency.   Letters must be sent from the author via email to [patricia.hotaling@unmc.edu](mailto:patricia.hotaling@unmc.edu) by April 29th 2024 to meet the deadline. | | | | |
| 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: | |