

VA BLACK HILLS HEALTH CARE SYSTEM APPLICATION FOR PRIMARY CARE NURSE PRACTITIONER RESIDENCY PROGRAM 2024-2025 DEADLINE FOR APPLICATIONS: MAY 30, 2024

Thank you for your interest in the Primary Care Nurse Practitioner Residency (PC-NPR) Program at the VA Black Hills Health Care System. This residency is designed to prepare new NPs to become confident and competent primary care providers with emphasis on the needs of the veteran population. The program provides a combination of didactic seminars, quality improvement projects, specialty rotations, clinical practice with graduated independence, and skills training over the course of a 12 month program. Specialty rotations include individual training in areas such as dermatology, cardiology, neurology, women's health, orthopedics, palliative care/ long term care, urology, emergency room services, inpatient care, urgent care, rheumatology, mental health, home based primary care, oncology, radiology, and internal medicine services.

BENEFITS:

- \$77,796 /year or \$37.40 hourly
- Health Care Insurance
- 11 paid federal holidays
- 4 hours vacation time and 4 hours sick leave (accrued every 2 weeks)
- No call or weekend shifts

APPLICATION ELIGIBILITY REQUIREMENTS:

- a. US Citizenship
- Recent graduate within the past 12 months from a credentialed Adult/ Gerontology/ or Family Practice Nurse Master's degree or doctorate degree program
- Must hold a current, full, active and unrestricted RN license in a state, commonwealth, or territory of the United States or the District of Columbia Proficient in written and spoken English.
- Must be able to complete or pass a drug screen, background investigation, and physical exam required for the hiring process (see application checklist for details) Must be applicants first job as a nurse practitioner

APPLICATION COMPONENT CHECKLIST

- Completed PC-NPR Personal Data Form
- Interest Statement (see application)
- Curriculum Vitae/ Résumé
 - Education
 - Awards/ Honors

- Work History/ research/ experience
- Memberships/ affiliations
- Public service
- Unofficial Nursing and NP school transcripts (Official due by program start date)
- APRN/ CNP License **
- National Certification with AANP or ANCC**
- Evidence or self-certification of satisfactory physical condition based on a physical examination in the past 12-months with vaccine verification or titers of the following: (due after candidate selection before program start date)
 - Hepatitis B
 - Seasonal influenza
 - Measles, Mumps, & Rubella
 - Varicella
 - Diphtheria, Pertussis
 - Meningococcal
 - TB skin test or equivalent CXR testing
 - Covid-19 vaccine (or approved exception)
- Letters of recommendation (3 total)

** May turn in application prior to completing these requirements; conditional waiver may be requested for a 90-day extension from program start date for national certification completion and APRN/ CNP licensure however precedence will be given to those who meet all requirements by the start date of September 1, 2024

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PERSONAL DATA INFORMATION FORM NAME:

ADDRESS:

PHONE: () **EMAIL:**

SCHOOL: _____ **GRADUATION DATE:** _____

SPECIALTY:

U. S. CITIZEN: ____YES ____NO

U.S. MILITARY STATUS: Active Reserve Veteran n/a **CERTIFICATION:**

List your current certifications (if applicable):

LICENSURE:

RN LICENSE #: STATE: Exp. Date:

LETTERS OF RECOMMENDATION:

Please ask three individuals to send a letter of recommendation commenting on your clinical competence, educational background, achievements, and potential. One letter must be from a

former clinical preceptor, one letter from an academic instructor and one letter from a place of employment/co-worker. Please include the letters with your completed application and other required components upon your submission. Please provide the name and e-mail address of the individuals selected below to contact if necessary.

- 1.
- 2.
- 3.

APPLICATION QUESTION/ INTEREST STATEMENT

Please describe why you are interested in post-graduate training, what you hope to gain from a residency, your future goals, and any additional information you think should be considered by the selection committee (please limit response to 2 pages)

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I attest that I hold an active, unencumbered license to practice as a registered nurse, am in good standing and have no current disciplinary action pending in any jurisdiction. I attest that the information given on all submitted forms is true and accurate to the best of my knowledge and belief.

_____ Date: _____

Signature of the Applicant

Thank for applying to the VA Black Hills Health Care System NP Residency Program. We look forward to reviewing your application.

Please complete the accompanied checklist and return contents by **May 1, 2024 via email** to:

Karron.zopp@va.gov

Questions: Call or email Karron Zopp, Primary Care Nurse Practitioner Residency Director

(605)-347-2511 ext 17968 Karron.zopp@va.gov