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

**Please submit this checklist as the coversheet for your application documents to** **laura.litzinger@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)** |
| PBRNR Residency Application Instructions |  |  |  |  |
| [VA form-Application for Health Professions Trainees](https://www.va.gov/vaforms/medical/pdf/vha-10-2850d-fill.pdf) |  |  |  |  |
| [VA form-Declaration for Federal Employment](https://www.opm.gov/forms/pdf_fill/of0306.pdf) |  |  |  |  |
| Essay addressing (no more than 1,000 words):* Why you are interested in the program?
* Why you want to care for Veterans?
* Five-year career goals
 |  |  |  |  |
| Personal Statement (Limit 1 page) |  |  |  |  |
| Two (2) Letters of Recommendation:* Sealed in envelopes or emailed directly from the individual writing the letter
 |  |  |  |  |
| Curriculum Vitae/Resume |  |  |  |  |
| **Unofficial** Nursing School Transcript |  |  |  |  |

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