



VA EASTERN COLORADO HEALTH CARE SYSTEM
ROCKY MOUNTAIN REGIONAL MEDICAL CENTER
Post-Baccalaureate Registered Nurse Residency Program
(PBRNR)

Applicant Legal Name: _____

BSN Graduation Date (or anticipated graduation date): _____

Contact/General Information

Phone:	Email:
Cumulative GPA:	Traditional <input type="checkbox"/> 1st degree <input type="checkbox"/>
Anticipated NCLEX examination date:	Accelerated <input type="checkbox"/> 2nd degree <input type="checkbox"/>
Are you a current employee of ECHCS? If so, what employee-position/unit/department:	Do you have previous military experience?

Fall 2024 Program: Application materials must be received by **5:00pm (MST), May 3, 2024**. Late submissions will not be accepted. All materials must be electronic, and in ONE scanned pdf document. Submit completed packets to: VHAECHPBRNR@va.gov

***Application Packet Requirements (submit in ONE pdf document) ***

- **THIS PAGE** should be first page of completed packet.
- Completed **Application for Health Professions Trainees**, VA Form 10-2850D
- Completed **Declaration of Federal Employment** form OF-306
- **Resume**- must include your “unpaid” and “paid” clinical experiences (see guide below).
- **Copy of official transcript** (show date degree conferred and cumulative GPA of greater than 3.0). If pending confirmation of degree, an unofficial transcript can be submitted initially.
- **Successful completion of NCLEX by/around July 19th, 2024**. If selected, RN License must be submitted by August 2, 2024. Nurse Residency program is slated to start on September 9, 2024.
- **Two letters of recommendation**. One from academic faculty and one from clinical faculty.
- **Essay**. A 500 word (max) typewritten essay addressing the following: Motivation for application to this program and describing what you know about the Veteran population. Based on this, why would you be a good fit to care for our Veterans at VA Eastern Colorado Health Care System (ECHCS)?





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Resume Guide

- **Unpaid clinical experiences** include all clinical rotations and unpaid externships or internships. Please list your senior-level preceptorship first. For each clinical experience, please include the type of experience, dates in month and year, total hours in precepted direct patient care, the name of the hospital/institution, and the name of the department.
- **Paid clinical experiences includes any paid positions you have held in direct patient care.** For each clinical experience, please include the type of experience, dates in month and year, total hours, name of or description of the department.

Example:

Type of Experience	Approximate Dates	Total hours	Name of Hospital or Institution	Name/Description of Department
Senior Preceptorship (unpaid)	Jan to May 2024	270	Rocky Mountain Regional Medical Center	Intensive Care Unit

Please include any relevant healthcare experiences you have had.

Important Note: Only applicants who are U.S. Citizens, vaccinated against COVID-19 or exempt, and are new RN graduates from an accredited nursing school, who have passed NCLEX by due date will be selected for the Residency Program. **Additional onboarding requirements will be requested from Human Resources, if selected.

