

Program Requirements Checklist

(All documents to be submitted in pdf form to program director at the same time)

| Item | Description |
|------|--|
| | Official Transcripts sent to Program Director email Primary Care michelle.dunne@va.gov Mental Health candie.cuneo@va.gov |
| | National Certification (ANCC/AANP preferred) |
| | State RN Licensure (Nevada Preferred) |
| | State Nurse Practitioner Licensure (Nevada Preferred) |
| | NPI Number |
| | Application (VA 10-2850-D) |
| | 500 Word (or less) Interest Statement answering the following questions: <ul style="list-style-type: none"> • Reasons for wanting to complete a Nurse Practitioner Residency • Motivation for working with the Veteran population • How you plan on addressing ICARE values with your Veteran patients |
| | Three (3) letters of reference (academic instructor, preceptor, employer/co-worker) <ul style="list-style-type: none"> • A paragraph or sentence explaining how you know the applicant and the nature of your relationship. • An honest evaluation of the applicant’s skills and accomplishments. Try to include specific examples. • A statement or summary that explains why you would recommend the applicant for the residency program. <p><i>Letters must be sent as a pdf with a formal-time stamped electronic signature or a wet/handwritten signature.</i></p> |
| | Curriculum Vitae (CV) <ul style="list-style-type: none"> • Include dates and years of experience including leadership skills & skills applicable to your new nurse practitioner role • Provide dates and degrees earned, include schools attended and grade point average • Discuss clinical experiences during nurse practitioner school. Include the number of clinical hours and types of patient experiences • Construct an appealing but professional appearance for your CV • Include membership to professional organizations/awards, roles in received in the last three years • Discuss any participation activities in research activities or professional presentations |
| | <ul style="list-style-type: none"> • BLS (Current American Heart Certification Required) |
| | <ul style="list-style-type: none"> • Pharmacy License (Preferred for Application) |
| | <ul style="list-style-type: none"> • DEA (Preferred but not required) |
| | <ul style="list-style-type: none"> • Send an email to the program director requesting a return encrypted email to turn in all of the required documents in a secure manner in pdf format. Preferred one single document that contains all required documents (Except for transcripts). <p>VHALASNursePractitionerDevelopmentProgramsEngage@va.gov</p> |

