Open Door Community Health Centers, Arcata, California, is committed to leadership, transformation, and innovation in healthcare. This residency is designed for new nurse practitioners with a commitment to developing career practices in the challenging setting of a Federally Qualified Health Center (FQHC).

Open Door is now accepting applications for the 2020-21 Nurse Practitioner Postgraduate Residency Program in Family Practice and Community Health.

The 2020-21 program begins in September 2020.

Goals

- Prepare nurse practitioners (NPs) to assume responsibility for primary care of complex, underserved populations across all life cycles and in multiple settings
- Train new NPs in a model of primary care consistent with the Institute of Medicine (IOM) principles of healthcare and the needs of vulnerable populations
- Build the clinical skills, confidence, productivity, and job satisfaction of new NPs who choose to work in underserved community settings, as well as contribute to employer satisfaction and workforce retention
- Increase the number of NPs that choose long-term careers in FQHCs, and develop their leadership capability in those organizations and in the healthcare system

APPLICATION REQUIREMENTS:

Complete Open Door Credentialing Application for Nurse Practitioners

Responses to the following questions:

- What personal, professional, educational, and clinical experiences have led you to choose a career in primary care and the profession of a nurse practitioner? Please explain your vision and planning for your short- and long-term career development?
- What goals do you want to accomplish during your residency at Open Door? Please specify areas of interest in which you would like to increase professional competence and confidence.
- Tell us about the patient population you want to provide care for and why?

Submit three letters of recommendation, at least one of which specifically addresses your capabilities and interests related to this program.

INTERVIEWS:

Candidates must be available for in-person interviews, in Eureka, California, on April 17, 2020

APPLICATION DEADLINE: MARCH 29, 2020

opendoorhealth.com | npresidency@opendoorhealth.com
Nurse Practitioner Postgraduate Residency Program
Application Form

APPLICATION REQUIREMENTS:

Type or legibly print all responses and complete the application. Please note: complete addresses and telephone numbers are required, where indicated. Dates must be inclusive (i.e. month and year).

If a question is not applicable, please note “N/A.” Attach additional sheets if there is insufficient space on the application for your response. Please answer all questions; do not indicate “See CV.”

The following documents must be included with your application:

• CV with MONTH and YEAR for WORK and EDUCATION history sections
• CV must show a five (5) year work history MONTH & YEAR format
• Written and signed explanation of any gaps in work history over three (3) months, if applicable.
• Copy of California RN license
• Copy of California APRN license
• Copies of license(s) from any other state
• California Controlled Substances license
• Federal DEA certificate
• ANCC/AANP certification or evidence of eligibility for certification
• Copy of driver’s license
• Professional diploma (BSN, MSN)
• Three (3) signed letters of recommendation, at least one of which should include your former employer and one peer.
• Non-US residents must provide a copy of their permanent resident card/VISA/proof of eligibility to work in US, if applicable.

Licensure and credentialing materials (i.e. Board Certification, CA licenses, DEA, and Controlled Substance licenses) are not required when applying; please note “pending.”

All licensure and credentialing materials are required by the start of residency on September 1, 2020.

opendoorhealth.com | npresidency@opendoorhealth.com
General Information:
Please complete all relevant fields.

First Name  
Middle Name  
Last Name  
Suffix

Email Address  
Cell Phone  
Home Phone

Home Address Line 1:  
Home Address Line 2:  
City  
State  
Zip Code

Birth Date:  
Birth Place:  
Ethnicity:  
Gender:  
Male, Female, Nonbinary

Marital Status:  
Spouse's Name:  
Social Security:  
NPI:

Other Names:
Please enter any other names by which you have been known, including those appearing on professional diplomas and licensure.

First Name  
Middle Name  
Last Name  
From Date (mm/yy)  
To Date (mm/yy)

First Name  
Middle Name  
Last Name  
From Date (mm/yy)  
To Date (mm/yy)

For Non-US Citizens:
Please provide information on your immigration status.

Country or Citizenship  
Visa  
Visa Number  
Visa Date

Languages:
Please list all languages spoken (other than English) and level of fluency.

Language  
Fluency  
Language  
Fluency
Education:
Please list undergraduate, graduate, and professional education below.

Institution 1:

Institution Name:

Education Type

Degree Earned:

Period of Attendance:
From Date (mm/yy)   To Date (mm/yy)

Address Line 1

Address Line 2

Country   City, State   Zip Code

Email Address

Phone

Fax Number

Institution 2:

Institution Name:

Education Type

Degree Earned:

Period of Attendance:
From Date (mm/yy)   To Date (mm/yy)

Address Line 1

Address Line 2

Country   City, State   Zip Code

Email Address

Phone

Fax Number
### Education (continued):
Please list undergraduate, graduate, and professional education below.

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Professional References:
Referees must have known you for at least one year and have current knowledge of your clinical competence. Please list the names and addresses of references as follows and based on the following definitions:

- Training Director Recommendation
- Department Chair Recommendation

Reference 1:

Name:

Reference Type

Institution:

Specialty:

From Date (mm/yy) To Date (mm/yy)

Address Line 1

Address Line 2

Country City, State Zip Code

Email Address Phone Fax Number

Reference 2:

Name:

Reference Type

Institution:

Specialty:

From Date (mm/yy) To Date (mm/yy)

Address Line 1

Address Line 2

Country City, State Zip Code

Email Address Phone Fax Number
Professional References:
Referees must have known you for at least one year and have current knowledge of your clinical competence. Please list the names and addresses of references as follows and based on the following definitions:
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Application Attestation:

I attest that all information provided in this Application is true and complete to the best of my knowledge and belief. I will notify the organizations and/or their agents within 10 days of any material changes to the information I have provided in my application or authorized to be released pursuant to the credentialing process. I understand that corrections to the application are permitted at any time prior to a determination of membership and/or privileges or affiliation by the organizations, and must be submitted online or in writing, and must be dated and signed by me.

Electronic Signature - Type Full Name

Last 4 Digits of SSN

Date
Question A:

Please respond to the following question. Please reflect on and communicate your personal statement of qualifications, interest, and motivation in applying to the residency program. Additional space is available at the end of this application form.

What personal, professional, educational and clinical experiences have led you to choose nursing as a profession and the role of a nurse practitioner as a specialty practice?
Question B:

Please describe your desire to train in a community health center setting, as well as your long-term commitment to practicing as a primary care provider.
Question C:

Please respond to the following question. Please reflect on and communicate your personal statement of qualifications, interest, and motivation in applying to the residency program. Additional space is available at the end of this application form.

What are your goals for a Nurse Practitioner Residency Program, including your prospects for long- and short-term professional and career development?
Question D:

Please respond to the following question. Please reflect on and communicate your personal statement of qualifications, interest, and motivation in applying to the residency program. Additional space is available at the end of this application form.

In what specific areas of interest (by lifecycle, age, or setting) would you like to improve mastery, competence, and confidence?
Join an Exceptional Community Healthcare Organization on California's Beautiful North Coast

Essay Answers (continued):

Please use this additional space to continue your response. Please indicate which question you are continuing (A, B, C, or D).

Answer to Question _____ (continued).