Join An Exceptional Community Healthcare Organization on California's Beautiful North Coast

opendoor Community Health Centers

Nurse Practitioner / Physician's Assistant Postgraduate Residency Program Application Form

APPLICATION DEADLINE: MARCH 31, 2019

Open Door Community Health Centers, Arcata, California, is committed to leadership, transformation, and innovation in healthcare. This residency is designed for new nurse practitioners and physician's assistants with a commitment to developing career practices in the challenging setting of the FQHC and/or special populations.

Open Door is now accepting applications for the 2019-20 Nurse Practitioner/Physician's Assistant Postgraduate Residency Program in Family Practice and Community Health.

The 2019-20 program begins in September 2019.

Goals

- Prepare Nurse Practitioners (NPs) and Physician's Assistants (PAs) to assume responsibility for primary care of complex, underserved populations across all life cycles and in multiple settings
- Train new NPs and PAs 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 and PAs who choose to work in underserved community settings, as well as contribute to employer satisfaction and workforce retention
- Increase the number of NPs and PAs 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 NPs and PAs

Responses to the following questions:

- What personal, professional, educational and clinical experiences have led you to choose primary care as a profession and the role of a Nurse Practitioner / Physician's Assistant? 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?

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, to take place in Eureka, California, on April 19 and 22, 2019.

opendoorhealth.com | npresidency@opendoorhealth.com

Join An Exceptional Community Healthcare Organization on California's Beautiful North Coast

opendoor Community Health Centers

Nurse Practitioner / Physician's Assistant Postrgraduate 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 (ie. 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, or PA license
- Copy of California APRN license, or PA 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 (ie. 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, 2019.

Join An Exceptional Community Healthcare Organization on California's Beautiful North Coast

opendoor Community Health Centers

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:		Marital Status:	
Birth place:		Spouse's Name:	
Ethnicity:		Social Security:	
Gender:		NPI:	

Male, Female, Nonbinary

Other Names:

Please enter any other names by which you have been known, including those appearing on professional diploma 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.

Institution 3:

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 4:

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

Professional References:

Please list the names and addresses of references as follows and based on the following definitions:

- Training Director Recommendation
- Department Chair Recommendation
- Professional Reference Information: These references must have current knowledge of your clinical competence, and have known you for at least one year.

Reference 1:

Name:	
Reference Type:	
Institution:	
Specialty:	

Address Line 1			
Address Line 2			
	Country	City, State	Zip code

Email Address	Phone	Fax Number

Reference 2:

Name:	
Reference Type:	
Institution:	
Specialty:	

Address Line 1			
Address Line 2			
	Country	City, State	Zip code

Email Address	Phone	Fax Number

Professional References:

Please list the names and addresses of references as follows and based on the following definitions:

- Training Director Recommendation
- Department Chair Recommendation
- Professional Reference Information: These references must have current knowledge of your clinical competence, and have known you for at least one year.

Reference 3:

Name:	
Reference Type:	
Institution:	
Specialty:	

Address Line 1			
Address Line 2			
	Country	City, State	Zip code

Email Address	Phone	Fax Number

Reference 4:

Name:	
Reference Type:	
Institution:	
Specialty:	

Address Line 1			
Address Line 2			
	Country	City, State	Zip code

Email Address	Phone	Fax Number

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 on-line 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 submit responses 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 / Physician Assistant as a specialty practice?

Question B:

Please submit responses 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.

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 submit responses 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 NPPA Residency Program, including your prospects for long- and short-term professional and career development?

Question D:

Please submit responses 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?

Essay Answers (continued):

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

Answer to Question _____ (continued).

Essay Answers (continued):

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

Answer to Question _____ (continued).