



EDWARD M.
KENNEDY
COMMUNITY
HEALTH CENTER



Codman Square
Health Center



University of
Massachusetts
Graduate School of Nursing

Now Accepting Applications!

**Post-Graduate Nurse Practitioner Residency in
Community Health and Family Medicine**

***Learn from the best in the field -
Train at a community health center!***

For more than 40 years, Family Health Center of Worcester (FHCW) has been improving the care of Worcester's most vulnerable people and training future generations of Family Physicians in collaboration with the University of Massachusetts Medical School. As a Federally Qualified Health Center (FQHC), FHCW is part of a national health care safety net that has been recognized for its high quality and cost effectiveness. In 2009, FHCW pioneered a family nurse practitioner (FNP) residency building upon the training resources for family medicine residents.

Taking this successful nurse practitioner residency a step farther, in 2019 FHCW partnered with the University of Massachusetts Worcester Graduate School of Nursing, Edward M. Kennedy Community Health Center, Worcester, MA and other sites to successfully apply to the federal Health Resources and Services Administration for four years of funding.

This application complies with federal data reporting requirements for the grant. In academic year 2020-21, eight (8) residents will be funded; ten (10) residents will be funded in each of the following years. Residents will be employed by their sponsoring residency site and receive salary support and benefits through this employer. Codman Square Health Center, Boston, MA is joining the partnership for AY 20-21, along with Family Health and Edward M. Kennedy Health Centers.

Applicants will be screened by the grant's project team, consisting of staff from each partner site. Once screened, applicants will be invited for interviews. Once accepted into the residency and a residency employment site is determined, applicants will complete the employee application and meet all employment requirements of their residency employer.

The Post-Graduate Nurse Practitioner Residency in Family Practice and Community Health will:

- ❖ Prepare Family Nurse Practitioners to take on responsibility of comprehensive primary care for complex underserved populations across the lifespan.
- ❖ Build upon the clinical knowledge acquired during formal education by providing clinical and professional support for Nurse Practitioners in an active learning environment.
- ❖ Expand the number of Nurse Practitioners interested in building a life-long career in community health.
- ❖ Increase Nurse Practitioner leaders within organizations that provide care to underserved patient populations.

Post-Graduate Nurse Practitioner Residents work alongside faculty and preceptors with a wide variety of expertise and clinical interests. Those residents interested in women's health, international medicine, addiction medicine, chronic disease management, office procedures and new models of health care delivery will find ample opportunity to learn from experts in these areas. Residents will participate in online learning opportunities based at FHCW, and engage in a number of specialty care and research opportunities

Application Requirements

- ❖ Applicants must be within 18 months of graduation from their nurse practitioner program.
- ❖ Applicants must agree to a full-time, 12 month residency and a second year of employment at the site.
- ❖ Applicants must be a citizen of the US or a foreign national with a visa permitting permanent residency in the US or a non-citizen national. Individuals on temporary or student visas are not eligible.
- ❖ All applicants are required to have their Advance Practice License, Federal DEA, and State controlled substance license prior to starting clinical sessions. Although not a requirement for the application, this will need to be completed during the onboarding process. If your Advance Practice License is not available at the time of application, please submit a letter from your program stating that you are eligible to test for national certification.
- ❖ When hired, residents must provide their NPI to the UMass Worcester Graduate School of Nursing and agree to one year of employment tracking post-residency to comply with grant requirements.
- ❖ Complete the Residency Application.
- ❖ Provide the contact information of three clinical references. This can include faculty.
- ❖ Please submit a response to the following questions (residency essay – attach as Word or PDF). This is an opportunity to reflect upon and communicate your personal statement of qualifications, interest, and motivation for acceptance to this residency (2 page maximum).
 - What personal, professional, educational and clinical experiences have led you to choose nursing as a profession, and the role of a Family Nurse Practitioner as a specialty practice?
 - What are your aspirations for a Residency program? Please comment upon your vision and planning for your short and long-term career development.
 - What are the goals that you are looking to accomplish during your residency? Please identify specific areas of interest by lifecycle, age, or setting that you would like to develop increased mastery, competence, or confidence in.
 - Please comment on your personal qualities and strengths that you think will positively contribute to this experience.
- ❖ Submit the following or provide a statement of the status (scanned documents are acceptable):
 - CV with month and year
 - Official Transcript
 - Copy of professional diploma
 - Copy of RN/NP Massachusetts license
 - Board certification (ANCC/AANP) status
 - NPI
- ❖ Submit two letters of recommendation that specifically address your capabilities and interests related to this Residency Program. Letters should be addressed to the Post-Graduate NP Residency Selection Committee (and attached in Word or PDF).

This checklist will help you with all the required material to support your residency application.

- Residency Application
- Statement of Application and Release Form
- CV with MONTH & YEAR
- Residency essay – based on the questions listed in the application
- Copy of Professional diploma (BSN, MSN)
- Copy of license as Registered Nurse (RN)
- Copy of APRN license, if available at time of application
- ANCC / AANP certification or evidence of eligibility for certification
- Federal DEA and MA license if available at time of application
- Two letters of recommendation as outlined in the application
- Three (3) clinical reference contacts as requested in the application

Application/inquiries/recruitment

Please submit your application on our online Career Center:

<http://www.fhcw.org/en/Academics/FamilyNursePractitioner/Application>

The completed application must be received by March 13, 2020. Please note that applications will be shared with the partners in this grant. Selected individuals will be invited to interview at the health center mid-late April 2020.

If you have questions, please contact Alyda Justiniano, Manager, Provider Relations/Credentialing at (508) 860- 7962 or email Alyda.Justiniano@fhcw.org

Thank you for your interest in
Post-Graduate Nurse Practitioner Residency in
Family Practice and Community Health

The residency is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) through grant T14HP33205 as part of an award totaling \$499,987. The contents are those of the author(s) and developer(s) of the residency and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHA or the US Government.

**Post-Graduate Nurse Practitioner Residency in
Family Practice and Community Health Residency
Application**

Name _____
Last First Middle Degree

I am interested in a residency at (check all that apply):

- Family Health Center of Worcester
- Edward M. Kennedy Community Health Center (Worcester)
- Codman Square Health Center (Boston)

ROTATIONS/FELLOWSHIPS/PRECEPTORSHIPS

List in chronological order – include month/year of attendance and full mailing address of institution.

Institution _____
Dates ____/____/____ to ____/____/____
Complete
Address: _____
Specialty _____
Program Preceptor _____

Institution _____
Dates ____/____/____ to ____/____/____
Complete
Address: _____
Specialty _____
Program Preceptor _____

Institution _____
Dates ____/____/____ to ____/____/____
Complete
Address: _____
Specialty _____
Program Preceptor _____

PRACTICING SPECIALTY

Primary
Specialty _____

Secondary
Specialty _____

BOARD CERTIFICATION STATUS (if applicable)

Certificate Year: _____

Last Year Recertification: _____

Field/Specialty: _____

Certifying Board/Number: _____

If not certified in one or more of your practicing specialties for which board certification is available, please complete the following, indicating the specialty(ies) to which your responses apply.

1. Have you been accepted by the Board to take the examination? YES ___ NO ___
2. Are you actively in the Board Certification Examination process? YES ___ NO ___
If yes, indicate the year by which you must complete the process according to the Board's requirement _____
3. Have you ever taken and failed a certification examination?
YES _____ If yes, indicate the portion(s) failed and the year.
NO ___
Written _____ Oral _____ / Year _____

OTHER CERTIFICATIONS/MEMBERSHIPS

Indicate type or field in which certified (examples: BLS, ACLS, ATLS), date acquired, date expires, and organization issuing the certificate.

CLINICAL REFERENCES

Provide three (3) Clinical references with at least one being a peer reference:

	Clinical Reference #1	Clinical Reference #2	Clinical Reference #3
Name			
Relationship			
Institution			
Mailing Address			
City, State, Zip Code			
Email Address and Phone Number			

FEDERAL REPORTING COMPLIANCE:

This residency is, in part, supported by HRSA Grant No. T14HP33205 awarded to the University of Massachusetts Worcester Graduate School of Nursing. Applicants are requested to provide the following information in compliance with federal reporting requirements.

Birth year: _____

Gender: Male Female Decline to answer

Ethnicity: Hispanic Non-Hispanic Decline to answer

Race: African American/Black
 American Indian or Alaskan Native
 Asian
 Native Hawaiian/Pacific Islander
 White
 Decline

Veteran/Current Military Service: Yes No Decline

Did you grow up on a rural community? Yes No Decline

Disadvantaged Status in response to the definition below: Yes No Decline

Do you come from an environment that has inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions or nursing school (Environmentally Disadvantaged); AND/OR Comes from a family with an annual income below a level based on low-income thresholds established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index (Economically Disadvantaged). The Secretary defines a "low income family" for various health professions and nursing programs included in Titles III, VII and VIII of the Public Health Service Act as having an annual income that does not exceed 200 percent of the Department's poverty guidelines. A family is a group of two or more individuals.

STATEMENT OF APPLICATION AND RELEASE FORM

(Please read carefully before signing.)

I understand that I am applying for a residency supported by federal funding and agree to provide to my future employer and the University of Massachusetts Worcester Graduate School of Nursing (UMW-GSN) the required demographic and employment data in compliance with federal performance reporting and tracking one year post residency.

I understand that as the final step in acceptance to the residency, I must complete and satisfy the requirements of my future residency employer.

I also understand that my future residency employer is required to Privilege & Credential providers, therefore I agree to make available to my employer any documents or records, either in my possession or in the possession of another, which may have a material and reasonable bearing on my suitability as a contracted provider. I hereby authorize any and all persons, institutions and organizations, including those specifically identified in this Application, with information pertaining to my professional standing or qualifications as a provider to furnish upon request, all such information to my employer, its employees and agents. In consideration for the furnishing by a person, institution or organization of information, I release the person, institution, or organization from and against any and all liability, loss, damage, claim or expense of any kind arising from or in connection with, disclosure of information to my employer made in good faith and without malice in conformance with this authorization.

I certify that the information provided herein, including attachments, represents full and truthful disclosures of the matters to which they pertain. A copy of this document shall be considered as valid as the original.

Printed Name _____

Signature _____

Date _____

The Post-Graduate Nurse Practitioner Residency will provide the support for residents to gain knowledge and skills that will further prepare them to be part of the solution to the complex issues in health care today.