



Family Nurse Practitioner Residency Training Program at Harbor Health Services

Harbor Health Services of Dorchester, Massachusetts, is pleased to announce that it is accepting applications for its **Family Nurse Practitioner Residency Program**. The class of 2020–2021 will begin in September 2020. **Application deadline is May 15, 2020.**



Harbor Health Services is committed to leadership, transformation, and innovation in health care. 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) and/or special populations. There is a one-year employment commitment after completion of the program. The Family Nurse Practitioner Residency Program has the following three goals:

- **Prepares Nurse Practitioners to assume full responsibility for primary care of complex underserved populations across all life cycles and in multiple settings**
- **Building upon the education and practice base acquired in the educational program leading to certification as a Nurse Practitioner, the residency will develop the clinical and operational confidence necessary for efficient, effective and productive practice as a member of the health care team in a FQHC**
- **Increase the number of Nurse Practitioners choosing to build long-term careers in FQHCs, and their capability for leadership positions within those organizations and within the healthcare system of the future**

APPLICATION REQUIREMENTS

1. All applicants are required to fill out the attached Harbor Health Services Application for Family Nurse Practitioners.
2. Please submit responses to the following questions. This is an opportunity to reflect upon and communicate to Harbor Health Services your personal statement of qualifications, interest, and motivation in applying to this Residency.
 - A. 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.
 - B. What are the goals that you are looking to accomplish during your residency at Harbor Health Services? Please identify specific areas of interest by life cycle, age, or setting that you would like to develop increased mastery, competence, or confidence in.
 - C. Tell us about why you want to provide care in an FQHC setting and/or for special populations.
 - D. The Harbor Health Services Residency for Nurse Practitioners is a fairly newly implemented concept and will require the residency class to participate to some degree as “co-creators” of this model. Please comment on your personal qualities and strengths that you think will contribute positively to this experience. What apprehensions, concerns and hesitations might you have? Please feel free to be straightforward!
3. As one of, or in addition to the three letters of recommendation that you will be supplying with the application, please submit at least one letter that specifically addresses your capabilities and interests related to this Residency Program.



Family Nurse Practitioner Residency Training Program at Harbor Health Services

Over fifty years ago, Harbor Health Services opened **the first community health center in the country**. Since then, we continue to lead and to grow. Join us on our mission to empower patients to lead healthy, independent, and fulfilled lives.



APPLICATION REQUIREMENTS

Type or legibly print all responses and complete the application in its entirety. **COMPLETE ADDRESS AND TELEPHONE NUMBERS ARE REQUIRED WHERE INDICATED. ALL DATES MUST BE INCLUSIVE (MONTH & YEAR).**

All questions must be answered and you may not indicate "SEE CV", etc., for a response. If a question is not applicable note "N/A." Attach additional sheets if there is insufficient space on the application for your response. As indicated by the ✓ below, current copies of the following documents must accompany your application. Please make sure all copies are legible.

- ✓ CV with MONTH & YEAR for WORK & EDUCATION history sections
- ✓ CV must show a five (5) year work history MONTH & YEAR format
- ✓ If applicable, written and signed explanation of any gaps in work history over three (3) months
- ✓ Copy of Massachusetts RN license**
- ✓ Copy of Massachusetts Certified Nurse Practitioner license**
- ✓ Copies of license(s) from any other state**
- ✓ Federal DEA certificate and MA Controlled Substances Registration**
- ✓ ANCC/AANP certification or evidence of eligibility for certification
- ✓ Copy of driver's license
- ✓ Professional diploma (bachelors, masters, and/or doctoral) AND official graduate school transcripts
- ✓ Three (3) letters of recommendation from professional references (supervisor, program director, chairman of department, CMO).
- ✓ If applicable, non U.S. residents must provide a copy of their permanent resident card/VISA/proof of eligibility to work in U.S.

**Licensure and credentialing materials (i.e. Board Certification, MA licenses, and DEA license) are not required when applying, simply write "pending". They are required prior to the start of residency in September 2020.

Electronic applications should be emailed to npresidency@hhsi.us.
Simply download the PDF, complete all fields, save, and attach to the email.



FNP Residency Program Application

General Information

Please complete all relevant fields.

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Suffix</i>
<i>Contact Email Address</i>		<i>Cell Phone</i>	<i>Home Phone</i>

Gender (Optional): Male: ☐ Female: ☐

Ethnicity (Optional):

Home Address

Please enter your home address in full.

<i>Home Address Line 1:</i>			
<i>Home Address Line 2:</i>			
<i>City:</i>	<i>State:</i>	<i>Zip:</i>	

Other Names

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

<i>Other First Name</i>	<i>Other Middle Name</i>	<i>Other Last Name</i>	<i>FromDate (mm/yy)</i>	<i>ToDate (mm/yy)</i>
<i>Other First Name</i>	<i>Other Middle Name</i>	<i>Other Last Name</i>	<i>From Date (mm/yy)</i>	<i>ToDate (mm/yy)</i>

For Non U.S. Citizens

Please provide information on your immigration status.

<i>Country or Citizenship</i>	<i>Visa</i>	<i>Visa Number</i>	<i>Visa Date</i>

Language(s)

Please list all non English languages spoken and level of fluency.

<i>Language 1:</i>		<i>Fluency:</i>	
<i>Language 2:</i>		<i>Fluency:</i>	
<i>Language 3:</i>		<i>Fluency:</i>	



FNP Residency Program Application

Education

List undergraduate, graduate and professional education below.

Education Type:					
Degree Earned:					
Institution Name:					
Address Line 1:					
Address Line 2:					
City:	State:		Zip:		
Phone:		Fax:		Country:	
From (mm/yy):		To: (mm/yy):			

Education Type:					
Degree Earned:					
Institution Name:					
Address Line 1:					
Address Line 2:					
City:	State:		Zip:		
Phone:		Fax:		Country:	
From (mm/yy):		To: (mm/yy):			

Education Type:					
Degree Earned:					
Institution Name:					
Address Line 1:					
Address Line 2:					
City:	State:		Zip:		
Phone:		Fax:		Country:	
From (mm/yy):		To: (mm/yy):			



FNP Residency Program Application

Professional Reference

Please list the names and addresses of references as follows and based upon the definitions below:

- Program Director—graduate program
- Clinical Preceptor
- Professional Reference—preferably a manager

Professional Reference

Name:	Reference Type:			
Institution/Relationship:	Specialty:			
Address Line 1:				
Address Line 2:				
City:	State:	Zip:		
Contact Phone:	Fax:			
Email:				

Professional Reference

Name:	Reference Type:			
Institution/Relationship:	Specialty:			
Address Line 1:				
Address Line 2:				
City:	State:	Zip:		
Contact Phone:	Fax:			
Email:				

Professional Reference

Name:	Reference Type:			
Institution/Relationship:	Specialty:			
Address Line 1:				
Address Line 2:				
City:	State:	Zip:		
Contact Phone:	Fax:			
Email:				



FNP Residency Program Application

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.

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Electronic Signature – Type full name

Last 4 digits of SSN

Date



FNP Residency Program Application

Essay Question

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to Harbor Health Services your personal statement of qualifications, interest, and motivation in acceptance to this Residency. Additional space is available at the end of this application.

A. 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? What is your vision and planning for your short and long-term career development?



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Essay Question

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to Harbor Health Services your personal statement of qualifications, interest, and motivation in acceptance to this Residency. Additional space is available at the end of this application.

B. What are the goals that you are looking to accomplish during your residency at Harbor Health Services? What specific areas of interest by life cycle, age, or setting would you like to develop increased mastery, competence, or confidence in?



FNP Residency Program Application

Essay Question

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to Harbor Health Services your personal statement of qualifications, interest, and motivation in acceptance to this Residency. Additional space is available at the end of this application.

C. Why do you want to provide care in an FQHC setting and/or for special populations?



FNP Residency Program Application

Essay Question

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to Harbor Health Services your personal statement of qualifications, interest, and motivation in acceptance to this Residency. Additional space is available at the end of this application.

D. What are your personal qualities and strengths that you think will contribute positively to this experience? What apprehensions, concerns and hesitations might you have?



FNP Residency Program Application

Essay Question

Use this additional space to continue your essay. Please indicate Essay Question A, B, C, or D.

Essay _____



FNP Residency Program Application

Essay Question

Use this additional space to continue your essay. Please indicate Essay Question A, B, C, or D.

Essay _____



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Essay Question

Use this additional space to continue your essay. Please indicate Essay Question A, B, C, or D.

Essay _____



FNP Residency Program Application

Essay Question

Use this additional space to continue your essay. Please indicate Essay Question A, B, C, or D.

Essay _____