EDWARD M. KENNEDY COMMUNITY HEALTH CENTER

Now Accepting Applications!

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

Edward M. Kennedy Community Health Center started our residency program in 2020 in collaboration with a HRSA grant to train advanced practitioners, building upon the training resources shared with the Worcester Family Medicine Residency in collaboration with the UMass Chan Medical School. It is clear that residency-prepared Nurse Practitioners enter practice with strong clinical skills and leadership abilities that gives them confidence and ability to practice in any setting

This 12-month, full-time residency provides new FNP graduates (within 18 months of graduation) with the foundation to build their career as a Primary Care Provider (PCP) in Community Health.

Residents will be full time employees and receive salary, support, and benefits.

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

- Prepare Family Nurse Practitioners to become comprehensive Primary Care Providers for complex underserved populations across the life span.
- Build upon the clinical knowledge acquired during formal education by providing clinical and professional support for Nurse Practitioners in an active learning environment.
- Prepare Nurse Practitioners for careers in organizations that provide care to underserved patient populations.

Residents work alongside preceptors and team members with a wide variety of expertise and clinical interests. Under the direct guidance of attending NPs, PAs, MDs, and DOs, Residents will have precepted continuity sessions where they see their own panel of primary care patients. Residents will also have Internship/Shadow sessions, during which they will work alongside an experienced provider. Furthermore, Residents will have Specialty Sessions that vary by site and may include areas such as reproductive health, addiction medicine, urgent care, procedure clinic, and telemedicine. Residents will also participate in weekly Didactic Sessions.

Applicants will undergo a preliminary screening, and then be invited for onsite interviews. Applicants must meet all employment requirements.

Application Requirements:

- [i]Applicants must be within 18 months of graduation from their Nurse Practitioner program.
- Applicants must agree to a full-time, 12-month residency and commit to a second year of full-time employment at their employing health center.
- 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 MA Advanced Practice License, Federal DEA, and MA Controlled Substances Registration (MCSR) prior to starting clinical sessions.
  - *Please note,* preference will be given to applicants who have taken or scheduled their certification exam. Alternatively, if your Advanced Practice License is not available at the time of application, please submit a letter from your program stating that you are in good standing and expect to be eligible to test for national certification.
- Complete the Residency Application and the Statement of Application and Release Form.
- Provide the contact information of three references, at least one of which is clinical and one is a peer. This can include faculty.
- Submit a narrative response to the following questions. This is an opportunity to reflect upon and communicate your personal qualifications, interest, and motivation for this residency. You may answer these as separate or combined questions. (Attach in Word or PDF; 12 pt font, 500-character limit.)
  - Reflect on a specific experience in your life (personal, professional, or educational) that demonstrate the path that led you to choose the role of Nurse Practitioner as a career.
  - Please comment on personal qualities that draw you to any or all of the following: Primary Care, Community Health, a Residency, Family Medicine.
  - If you have specific areas of interest (specialty or setting) that are essential for your happiness as a clinician, please share.

- Submit the following or provide a statement of the status (scanned documents are acceptable):
  - CV that clearly includes the following (no page or character limit):
    - Language ability, proficiency, and aspirations
    - NP clinical experiences including subjects, sites, and hours completed/expected to be completed
    - Registered Nurse experience and guestimate of hours worked
    - Volunteer and leadership experience of any sort
  - Official Transcript
  - Copy of professional diploma (BSN, MSN)
  - Copy of RN and NP Massachusetts license
  - Board certification (ANCC/AANP) status
  - NPI
- Submit two letters of recommendation that specifically address the following:
  - Letters should be addressed to the Post-Graduate NP Residency Selection Committee (attached in Word or PDF).
  - Your relationship, and the capacity in which you have worked together.

- Assessment of your capabilities, both clinical and otherwise.
- Your interest as related to this Residency Program.
- The body of each letter should not exceed 250 words.

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.

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

- ☐ Residency Application, including three (3) reference contacts Statement of Application and Release Form
- ☐ CV, as outlined above
- ☐ Official Transcript
- ☐ Professional diploma (BSN, MSN)
- ☐ License as Registered Nurse (RN)
- ☐ APRN license, if available at time of application
- ☐ ANCC / AANP certification, anticipated date of testing, or evidence of eligibility for certification.

  The letter from your school, on school letterhead, can state:

  > [Student name] is a student in good standing at [institution] in the Family Nurse Practitioner track and is expected to complete all academic and clinical requirements by [date] and be eligible to sit for the national certification exam.

- ☐ Federal DEA, MCSR, and MA license, if available at time of application.
- ☐ NPI number
- ☐ Residency essay, as outlined above
- ☐ Two letters of recommendation, as outlined above

Information about our Residency Program can be found here:
https://www.kennedychc.org/careers-old/fnp-residency

The completed application must be received by **February 13, 2024**.
Please email completed applications with required materials:
KennedyFNPResidency@KennedyCHC.org

Please note that applications will be shared with sister sites that might be a better fit for applicants. Selected individuals will be invited to interview during March/April 2024

If you have questions, please contact Ryane Jackson, Clinical Recruiter at (508) 286 7651 or email ryane.jackson@kennedychc.org

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

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

Name_____
Last First Middle Degree

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 _____

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 clinical reference and one being a peer reference:

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

FEDERAL REPORTING COMPLIANCE:

.

Birth year: _____

Gender: Optional, fill in the blank: _____ [ ] 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 UMass Chan Medical School/Tan Chingfen Graduate School of Nursing 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_____