

# AdventHealth Palliative Medicine APP Fellowship

## Checklist of Required Documents to Submit

*(Please combine your application along with all relevant documentation into one PDF file for submission)*

- Palliative Medicine APP Fellowship Application
- Attach Curriculum Vitae
- Attach a typed one-page statement of your interest in a palliative medicine postgraduate fellowship
- Attach a copy of BLS certification card or certificate
- Attach copy of APRN, Nurse Practitioner and/or Physician Assistant Certification
- Attach a recent professional headshot or passport-sized photograph
- NP/PA Graduate transcripts *(Unofficial transcripts accepted for current student applicants. Please note, graduation and national board APP certification must be completed before fellowship can be officially offered)*
- Three letters of recommendation *(must be typed on official letterhead, signed and dated within the last 12 months)*
- Please combine your application and all relevant documents into one PDF document for submission

### **New graduates with no NP/PA experience must submit the following:**

- One letter of recommendation from a physician
- One letter of recommendation from a faculty member of your graduate program (advisor, professor)
- One letter of recommendation of your choice (APP preceptor, mentor, etc.)

### **Those with prior NP/PA experience must submit the following:**

- One letter of recommendation from a physician
- One letter of recommendation from a peer (NP, PA, Clinical Nurse, other professional colleague)
- One letter of recommendation from an individual at a supervisory level (Manager, Medical Director, APP Lead)

## **Application Submission Instructions**

**Daniel Lajoie, APRN, ACHPN**

*Program Director, Palliative Medicine APP Fellowship*

**Kim Armstrong, BSN, RN**

*Program Coordinator, Palliative Medicine APP Fellowship*

**Please submit your completed application packet and questions via email:**

**AHMG.CFL.PalliativeCareFellowship@AdventHealth.com**

## **Application Period**

**December 1st – March 1st:** Applications Open

**March:** Interviews

**April:** Applicants Selected and Notified

**April – June:** Credentialing / On-boarding

**July:** Fellowship Begins



# Palliative Medicine APP Fellowship

Application

**Demographic information**

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Name

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Current Address

Phone Number

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Email Address

**Languages Spoken**

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Have you ever been convicted of a crime other than a traffic violation?  
If yes, please explain date, conviction and court.

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**Education**

*If currently enrolled in school*

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Name of School

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Address

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Anticipated Graduation Date

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Anticipated National Certification Date

**Previous Education (List most recent first, include nursing/PA school, undergraduate, etc.)**

Institution	Dates of Attendance	Degree	Date Degree Awarded

**Employment**

Organization	Position	Dates of Employment

**NP/PA Experience (may list rotations/clinical)**

Organization	Position	Dates of Employment

**Nursing Licensure**

State	License Number	Date Issued	Date of Expiration

**NP/PA Licensure**

State	License Number	Date Issued	Date of Expiration

**Honors, Awards, Societies**

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**Research Projects/Participation, Publications**

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I declare that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand AdventHealth may request additional information from the above-named institutions and references regarding my candidacy. I understand that misrepresentation of facts called for on this application will result in rejection or dismissal after the fellowship begins.

.....  
**Print Name**

.....  
**Signature**

.....  
**Date**