LEXINGTON MEDICAL CENTER

Nurse Practitioner Fellowship

Application Checklist

Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

College/University: *(Please list all attended or attending)* _____

_____

Graduation Date: _____

To Apply:

1. **Apply online at https://www.lexmed.com/careers/nurses/aprn-fellowship-program**

2. **E-mail a complete application packet as <u>one document by March 31st</u> to npfellowship@lexhealth.org**

Required application packet components:

- ☐ This Completed Application Checklist
- ☐ Curriculum Vitae
- ☐ Transcripts of all completed and in process course work, both undergraduate and graduate (unofficial transcripts will be accepted)
- ☐ Three Letters of Recommendation
- ☐ Personal Statement Addressing the Following Questions:
  1. What personal, professional, educational and clinical experiences have led you to choose nursing as a profession and the role of a nurse practitioner?
  2. Why have you chosen to apply for a Fellowship?
  3. What are your expectations for a Fellowship?

Please note: Incomplete packets will not be considered.