

NOTE: THIS SAMPLE APPLICATION IS FOR REFERENCE ONLY

To begin the application process, please visit the [how to apply](#) page of the website and follow the instructions listed.

UC Davis Health Advanced NP-PRACTICE Residency 2021-22 Sample Application

Thank you for your interest in the UC Davis Health Advanced NP-PRACTICE Residency program. The application has two required components: submission of this online application including your electronic signature, and email submission of a single PDF file of required documents (see below) to: hs-NPResidency@ucdavis.edu. *Both components must be submitted by February 7, 2021 at 11:59PM Pacific Time for full consideration.*

Required documents for the single PDF (in this order):

1. Curriculum Vitae (C.V.)
2. Three letters of reference
3. Personal statement of purpose
4. Nurse practitioner program transcript

Please see the Advanced NP-PRACTICE website or the final pages of this document for more details regarding the items listed above.

How to submit an application

Step 1 – Complete an online application, electronically sign at the end and submit. Look for an email confirmation of your submission. If you do not receive an email confirmation acknowledging that your application has been received, please contact hs-NPResidency@ucdavis.edu.

Step 2 – Prepare a single PDF of the required documents listed above. Include your last name in the e-mail subject line.

Step 3 – Look for an email confirming receipt of your PDF. If you do not receive an email confirmation acknowledging that your application has been received, please contact hs-NPResidency@ucdavis.edu.

Step 4 – Develop your plan to obtain all required documents that must be submitted prior to accepting an interview, prior to accepting a position in the program, and prior to starting the program as outlined in the Credentialing Documents Checklist that applies to you.

- [CA grads – April 2020 to January 2021](#)
- [Out-of-state grads – April 2020 to January 2021](#)
- [CA grads – February to June 2021](#)
- [Out-of-state grads – February to June 2021](#)

Applicants selected for an interview will be notified the week of February 22, 2021. Interviews will take place via Zoom during the week of March 8, 2021.

If you have any questions, email our team at hs-NPResidency@ucdavis.edu. Please also refer to the website for updates and program information.

Advanced NP-PRACTICE Residency Sample Application

Primary care Residency in **Addiction, Chronic care, Telehealth, Improvement science, Collaboration and Equity**

The Advanced NP-PRACTICE (**Primary care Residency in Addiction, Chronic care, Telehealth, Improvement science, Collaboration and Equity**) initiative is designed to support new graduate nurse practitioners (N.P.s) in the critical first year as they transition into practice. Advanced NP-PRACTICE will accelerate new FNPs and AGNPs competence and confidence in their ability to provide excellent primary care services to patients in under-resourced areas through an innovative, comprehensive clinical residency program.

Advanced NP-PRACTICE Residency is a 12 month, limited-term appointment and advanced training opportunity. Residents will spend most of their time providing direct clinical care in a primary care clinic setting, supplemented with special care rotations and structured, interactive advanced training offered on the UC Davis Health campus. A resident's primary assignment will be at one of our partner Federally Qualified Health Centers in an underserved area of northern or central California or at a UC Davis Health primary care clinic in Sacramento.

For more information, please visit our website: [Advanced NP-PRACTICE Residency](#)

Please complete the application below by providing up-to-date and detailed information.

Contact Information

First Name:

Last Name:

Street Address:

City:

State:

Zip Code:

Email Address:

Cell Phone Number:

Citizenship:

- United States of America (USA)
 Non-USA

If not a US Citizen, what is your VISA status:

Country of Origin:

Graduate Nursing Degree and Training

Please indicate the graduate level nursing degree(s) you have completed or plan to complete prior to entering the NP Residency Program? (Please select all that apply)

- MSN
- DNP
- Other (Please specify):

Please indicate any other graduate level degree(s) you have completed or plan to complete prior to entering the NP Residency Program? (Please select all that apply)

- PhD
- MPH
- MPA
- MHA
- Other (Please specify):

Please identify the area of focus associated with your nurse practitioner program.

- Family Practice
- Adult Gerontology (primary care)
- Other (Please specify):

Please select the learning format of your graduate nursing program:

- Traditional Classroom
- 100% Online
- Hybrid (designed using a combination of traditional classroom and online)
- Traditional Classroom but converted to hybrid in 2020 as a result of Covid-19

Please enter the total number of precepted clinical hours that are/were required for completion of your nurse practitioner degree:

Please enter the total number of precepted clinical hours that you completed or plan to complete as part of your nurse practitioner degree; *For 2021 graduates, please estimate your total hours:*

Please list the type of precepted clinical rotations and hours completed; list each type of practice separately (e.g., family practice, pediatrics, women’s health, etc.; up to 12 total entries); For 2021 graduates, estimate the total hours you plan to complete:

	Type of Practice (family practice, pediatrics, etc.)	Hours
Clinical Rotation #1	<input type="text"/>	<input type="text"/>
Clinical Rotation #2	<input type="text"/>	<input type="text"/>
Clinical Rotation #3	<input type="text"/>	<input type="text"/>
Clinical Rotation #4	<input type="text"/>	<input type="text"/>
Clinical Rotation #5	<input type="text"/>	<input type="text"/>
Clinical Rotation #6	<input type="text"/>	<input type="text"/>
Clinical Rotation #7	<input type="text"/>	<input type="text"/>
Clinical Rotation #8	<input type="text"/>	<input type="text"/>
Clinical Rotation #9	<input type="text"/>	<input type="text"/>
Clinical Rotation #10	<input type="text"/>	<input type="text"/>
Clinical Rotation #11	<input type="text"/>	<input type="text"/>
Clinical Rotation #12	<input type="text"/>	<input type="text"/>

Are you nationally board certified?

- Yes
- No

If Yes,

Please specify the month and year that you became nationally board certified:

If No,

Please specify the month and year that you plan to take the board certification exam:

Note: If you are offered an interview, you must sign a Status of Credentialing form stating you have submitted an AANP or ANCC application. Both AANP and ANCC accept applications in advance of graduation for initial processing. You will not be able to interview unless this requirement is complete.

Do you have an unrestricted California RN license?

- Yes
- No

If no, note: The current processing time at the California Board of Registered Nursing is 12 to 14 weeks for R.N. licensure by endorsement applications. If you are offered an interview and graduated from an N.P. program outside of California on or before January 31, 2021 you must sign a Status of Credentialing form (provided by the program) noting the submission date of your application for R.N. licensure by endorsement. You will not be able to interview unless this requirement is complete.

Have you obtained your California Nurse Practitioner Certificate (N.P. license in the state of California)?

- Yes
 No

If no, note: The current processing time for N.P. certificates at the California Board of Registered Nursing is 16 to 20 weeks. If you are offered an interview and graduated from an N.P. program on or before January 31, 2021 you must sign a Status of Credentialing form (provided by the program) noting the submission date of your application. You will not be able to interview unless this requirement is complete.

Have you obtained your California Nurse Practitioner Furnishing Number?

- Yes
 No

If no, note: The current processing time for N.P. furnishing number certificates at the California Board of Registered Nursing is 16 to 20 weeks. If you are offered an interview and graduated from an N.P. program on or before January 31, 2021 you must sign a Status of Credentialing form (provided by the program) noting the submission date of your application. You will not be able to interview unless this requirement is complete.

Graduate Education

Please list up to 3 graduate institution(s) you have attended and received a degree in. If you are currently pursuing a degree, indicate your expected graduation date.

Graduate School:

Location (city, state):

Graduation Date (month, year):

Degree Completed:

Additional Graduate

Undergraduate Education

Please list up to 3 undergraduate institution(s) you have attended and received a degree in.

College/University:

Location (city, state):

Graduation Date (month, year):

Degree Completed:

Major:

Minor (if applicable):

Additional

Relevant Professional Experience

You may include up to 5 relevant professional experiences.

Name of Employer:	
Start Date (month, year):	
End Date (month, year):	
Employer's Location (city, state):	
Unit/Department/Function	
Position Title	

Additional Professional Experience

Clinical Locations

Some N.P. residents will be placed at Federally Qualified Health Centers located outside of Sacramento County (elsewhere in Northern or Central California). Please read the statements below regarding placement location and select the one that applies.

- I have no restrictions on clinical placement locations
- I have some considerations for clinical placement locations that the residency program should be aware of (please explain):

Language Proficiency

The table below defines five levels of language proficiency. Using the information in the table, please complete the language question that follows.

		PROFICIENCY LEVEL				
		1	2	3	4	5
SPEAKING		Satisfies elementary needs and minimum courtesy requirements. Able to understand and respond to 2-3 word entry-level questions. May require slow speech and repetition.	Basic conversational abilities. Able to understand and respond to simple questions. Can handle casual conversation about work, school, and family. Has difficulty with vocabulary and grammar.	Able to speak the language with sufficient accuracy and vocabulary to have effective formal and informal conversations on most familiar topics related to health care.	Able to use the language fluently and accurately on all levels related to healthcare needs. Can understand and participate in any conversation within the range of personal experience with a high degree of fluency and precision of vocabulary. Unaffected by rate of speech.	Speaks proficiently equivalent to or as an educated native speaker. Has complete fluency in the language, including health care topics, such that speech in all levels is fully accepted by educated native speakers in all its features, including breadth of vocabulary and idioms, colloquialisms, and pertinent cultural preferences. Usually has received formal education in target language.
READING & WRITING		No functional ability to read or write the language.	Limited to simple vocabulary and sentence structure in written form (both reading and writing).	Understands conventional and simple health care topics in written form (both reading and writing).	Understands written materials that contain idioms and specialized health care terminology and can write on most health care topics.	Understands sophisticated written materials, including those related to academic, medical and technology vocabulary. Writes proficiently equivalent to that of an educated native speaker/writer. Writes with idiomatic ease of expression and feeling for the style of language. Proficient in medical, health, academic and technical vocabulary.

Please indicate your level of proficiency (1-5) for each language that you speak, including English. Use the matrix above to determine your level of proficiency.

	Language	Proficiency Level
Language 1		
Language 2		
Language 3		
Language 4		

Self-Identification Questionnaire

Please complete the **self-identification questionnaire** about your gender identity, heritage, race, disability and veteran status, and personal background. You can choose "decline to respond" for any question, but sharing information provides important data about UC's community diversity and informs UC's efforts to create an inclusive environment.

What is your current gender identity?

- Female
- Male
- Trans Male/Trans Man
- Trans Female/Trans Woman
- Nonbinary
- Different Identity
- Decline to respond

Are you of Hispanic, Latino, or Spanish origin?

- No
- Yes
- Decline to respond

Please select the race(s) you identify with (select all that apply):

- Asian**
 - Chinese
 - Filipino/Pilipino
 - Japanese
 - Korean
 - Asian Indian
 - Vietnamese
 - Other Asian (e.g. Pakistani, Cambodian, Hmong)
 - Decline to respond
- White**
 - European
 - Middle Eastern
 - North African
 - Decline to respond
- American Indian or Alaska Native**
- Black or African American**
- Native Hawaiian or Other Pacific Islander**
- Some other race**
- Decline to respond

Select one of the choices below ([click here for more info](#))

- I don't have a disability
- I have a disability (or previously had a disability)
- Decline to respond

Select one of the choices below ([click here for more info](#)):

- I am not a veteran
- I identify as one or more of the Protected Veteran classifications shown in the 'Veteran Status' link above
- I am a veteran but do not identify as a Protected Veteran classification.
- Decline to respond

Please read the statements below and select all that apply:

- I am from the first generation in my family to attend college (neither my mother nor my father attended college)
- I am from a family that lives in an area that is designated as either a Primary Care Health Professional Shortage Area (HPSA) or a Medically Underserved Area/Population (MUA/P). Find your area here: <https://data.hrsa.gov/tools/shortage-area/by-address>
- I currently live in an area that is designated as either a Health Professional Shortage Area (HPSA) or a Medically Underserved Area/Population (MUA/P). Find your area here: <https://data.hrsa.gov/tools/shortage-area/by-address>
- None of the above
- Decline to respond

What is the type of geographic area where you spent the majority of your life from birth to age eighteen?

- Urban (1,000,000 population)
- Large City (population 100,000 to 1,000,000)
- Mid-size city (population 50,000 to 99,999)
- Large town (population 10,000 to 49,999)
- Small town (population 2,500 to 9,999)
- Isolated rural (population <2,500)
- Decline to respond

How did you hear about the Advanced NP-PRACTICE residency program? (select all that apply)

- Internet search
- Social media
- Family member/friend
- Current or former UC Davis Health Employee/Provider
- UC Davis N.P. Alumnus
- Graduate nursing program
- Professional organization (please specify):

- Other (please specify):

Documents to accompany completed application:

You may email these documents after you submit the application to HS-NPResidency@ucdavis.edu; They must appear in our email box no later than February 7, 2021 at 11:59PM, Pacific Time (PST). Please prepare a **single PDF** with the documents in the order listed below.

1. Curriculum Vitae (C.V.): Must include all education, clinical rotations, leadership positions, community service experience, research activities, quality improvement projects, teaching experience, professional certifications and at least five years of work experience. Applicants must provide a written explanation for any gaps in work exceeding three months. This is an opportunity for you to tell us the story of your professional life.
2. Three (3) letters of reference from individuals who can speak to your qualifications and capabilities as a nurse practitioner; one must be a supervisor.
3. Personal statement of purpose (see information below).
4. N.P. program transcript (official preferred but unofficial is acceptable); current students should submit a transcript from their most recently completed semester/quarter.

Personal statement of purpose: Please highlight your most relevant academic preparation and motivation; interests, specializations and career goals; and background and experiences for pursuing this primary care residency with a focus on underserved communities. (1000 words limit)

Preparation and motivation may include your academic, clinical, and/or research experiences that have prepared you for this residency program. For example, you might speak to: coursework, employment, exhibitions, fieldwork, foreign language proficiency, independent study, internships, laboratory activities, presentations, publications, studio projects, teaching, and travel or study abroad along with your motivation or passion for advanced practice in primary care, particularly for the urban or rural underserved populations.

Interests, specializations, and career goals may include your research interests, disciplinary subfields, area/s of specialization, and professional objectives.

Background and experiences may include any educational, familial, cultural, economic, or social experiences, challenges, community service, outreach activities, residency and citizenship, first-generation college status, or opportunities relevant to your academic journey; how your life experiences contribute to the social, intellectual, or cultural diversity within a campus community and your chosen field; or how you might serve underrepresented and underserved segments of society with your clinical education.

Please submit the single PDF with the documents to:
HS-NPResidency@ucdavis.edu

Thank you for completing your application to the Advanced NP-PRACTICE Residency Program. Please read and sign the application release statement below:

I hereby apply for admission to the Advanced NP PRACTICE Residency program and certify that, to the best of my knowledge, all my responses and information in this application are correct and complete. I authorize the University to verify the accuracy of anything contained in the application and accompanying material.

I understand that false, incomplete, or misleading information given in my application, interview(s), documents, or communications will result in the removal of my application from further consideration and/or the withdrawal of any offer of admission and/or funding.

By electronically signing my name below, I agree to the above.

clear

Submit

REFERENCE ONLY