YOU MATTER PRIMARY CARE

NP Practice Program - Application

Transition-to-practice learning for nurse practitioners

Thank you for your interest. Please complete this application so we can learn about your education, clinical experience, professional interests, and goals for the program.

1. Applicant Information

Full legal name:	**Preferred name:**
Date of birth: ____ / ____ / _____	**Pronouns (optional):**
Phone:	**Email:**
Street address:	**City / State / ZIP:**
Race / ethnicity (optional):	**Languages spoken:**

2. Nurse Practitioner Education

School / University:	**City & State:**
NP program / specialty:	**Degree:** [ ] MSN [ ] DNP [ ] Post-Master's Certificate [ ] Other
Graduation month/year:	**Total NP clinical hours completed:**
Board certification: [ ] Yes [ ] No [ ] Pending	**Certification:** [ ] FNP [ ] AGPCNP [ ] WHNP [ ] Other
NP license: [ ] Active [ ] Pending [ ] Not yet applied	**State(s) licensed:**

3. NP Clinical Training Experience

List the main settings in which you completed your nurse practitioner clinical rotations.

Practice / Clinical Site	Type of Practice	Approx. Hours

Examples: primary care/family practice, internal medicine, women's health, pediatrics, urgent care, specialty practice, or community health.

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4. Career Interests

What type of nurse practitioner practice are you most interested in? Check all that apply.

[ ] Primary Care / Family Practice	[ ] Women's Health
[ ] Urgent Care	[ ] Specialty Practice
[ ] Undecided / Exploring Options	[ ] Other: _____

5. About You & Your Goals

Why are you interested in the You Matter Primary Care NP Practice Program?

What are you hoping to gain from this program?

What kind of nurse practitioner do you hope to become? Describe your professional goals and the type of practice or patient population that interests you.

6. Professional References

Provide two professional references. A reference may be a colleague, preceptor, faculty member, or instructor from your NP program.

Reference 1	**Reference 2**
Name:	**Name:**
Title / Credentials:	**Title / Credentials:**
Relationship to Applicant:	**Relationship to Applicant:**
Organization / School:	**Organization / School:**
Phone:	**Phone:**
Email:	**Email:**

7. Additional Information

Currently employed as an NP? [ ] Yes [ ] No	**If yes, practice setting:**
Completed another NP residency/fellowship? [ ] Yes [ ] No	**If yes, please describe:**
How did you hear about this program?	**Preferred start month:**

8. Applicant Acknowledgment

I certify that the information provided in this application is accurate to the best of my knowledge. I understand that submitting an application does not guarantee acceptance into the You Matter Primary Care NP Practice Program.

Applicant Signature: _____ Date: _____

Printed Name: _____