



# Pediatric Acute Care Advanced Practice Provider Fellowship Program Application

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The APP Fellow **MUST** meet the following qualifications:

- 1) Nurse Practitioner
  - a. Master's degree in Nursing
  - b. Active New York State licensure as Registered Nurse and Nurse Practitioner in good standing
  - c. Current national certification as a Nurse Practitioner (completed during program)
- 2) Physician Assistant
  - a. Completion of an AMA approved Physician Assistant program
  - b. Active New York State Physician Assistant licensure in good standing
  - c. Current national certification as a Registered Physician Assistant

Applicants for the Pediatric Acute Care APP Fellow position should demonstrate clinical competence as well as excellent verbal and written communication skills. The APP Fellow should have excellent customer relation skills, an active desire to learn, and a passion for pediatric acute care.

## **Application Process:**

- 1) Complete the on-line job application for the *Pediatric Acute Care APP Fellowship* position located on the Human Resources/Office of Nursing Recruitment website:
  - <http://www.rochester.edu/people/nursing>
  - **Helpful Hints:**
    1. Our software works with a variety of web browsers including, Mozilla Firefox, Opera, and Safari. We recommend you use the most current version of these browsers since using old versions may create problems when applying for jobs. If you encounter any technical problems, applicants can contact our Help Desk at (585) ASK-URHR – (585) 275-8747, Mondays through Fridays, 8:00 am – 5:00 pm.
      - Please review the completed online application carefully – the system reads your resume and *attempts* to automatically populate your application for you, please ensure the information was populated correctly. If you encounter problems trying to upload your resume or cut and paste your resume you may want to manually complete the application and then forward your resume to [NursingRecruitment@urmc.rochester.edu](mailto:NursingRecruitment@urmc.rochester.edu) Both the application and resume are required to apply.

- While answering the questions on the 4<sup>th</sup> page, the screen refreshes after each entry you make. Please go slowly and wait 5-10 seconds after each click to allow the page to refresh before answering the next question.
2. ***Current*** University of Rochester Employees ***do not*** need to complete an online application. Simply forward your resume to [NursingRecruitment@urmc.rochester.edu](mailto:NursingRecruitment@urmc.rochester.edu)
  3. Use the side bar on left to navigate through the system (i.e. Job Search Tips)
- 2) Please send the following items to the Pediatric Acute Care APP Fellowship Director, Victoria DeRue:
- Current Resume or Curriculum Vitae
  - Submit 2 professional references, along with the completed reference form:
    - 1) If you are recent graduate from a PA or NP program:
      - Request a confidential recommendation from a Nurse Practitioner/Physician Assistant/Physician clinical preceptor during your academic program.
      - Request a confidential recommendation from a Faculty member from your academic program.
    - 2) If you have been a practicing PA or NP (remote from graduation):
      - Request a confidential recommendation from a Nurse Practitioner/Physician Assistant/Physician that you have worked along side
      - Request a confidential recommendation from a supervising NP/PA or physician
  - Letter of Interest:
    - 1) Provide a letter of interest which reflects on your interest in the Fellowship program, your passion for pediatrics, and how this opportunity will impact your future as a Pediatric APP. Please also comment on why you think this program will be a good fit for you.
- 3) Return complete application e-mail:
- Victoria DeRue – Pediatric Acute Care APP Fellowship Director
    - [victoria\\_derue@URMC.rochester.edu](mailto:victoria_derue@URMC.rochester.edu)
- 4) Please e-mail Victoria DeRue with any questions or concerns about this application and the application process.



## Pediatric Acute Care

# Advanced Practice Provider Fellowship – Recent Graduate Reference Form

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Nurse Practitioner/Physician Assistant Program: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ (name of applicant) has applied for a position in the Pediatric Acute Care APP Fellowship Program at Strong Memorial Hospital in Rochester, NY.

We would appreciate your evaluation of this applicant’s general ability and professional proficiency in academic and clinical practice. We would like to know what you consider the applicant’s strengths and weaknesses to be. You can be assured that all information will be treated confidentially.

**Please be advised that all recommendations are to be completed confidentially and the recommender should be provided an envelope to enclose their recommendation which must have a signature across the seal of the envelope and can be submitted with the application. Alternatively, this form and any supplemental information may be submitted directly by the recommender to the Fellowship Director via email at: [victoria\\_derue@urmc.rochester.edu](mailto:victoria_derue@urmc.rochester.edu).**

I hereby authorize the release of my academic/clinical record to Strong Memorial Hospital, Department of Pediatrics.

Applicant Signature: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

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The above APP was a student in your academic/clinical setting during what period of time?

\_\_\_\_\_

In comparison with the other students in the class, how would you rank this student academically?

Upper 10% ( ) Upper 25% ( ) Middle ( ) Lower 25% ( ) Lower 10% ( ) N/A ( )

In comparison with the other students you have worked with clinically, how would you rank this student clinically?

Upper 10% ( ) Upper 25% ( ) Middle ( ) Lower 25% ( ) Lower 10% ( ) N/A ( )

**Please Rate the Applicant on the Following:**

	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>
Critical Thinking Skills			
Organizational Skills			
Leadership Potential			
Flexibility/Adapts to Change			
Professional Attitude			
Clinical Competence			
Appropriately selects and interprets diagnostic testing findings			
Medical Decision Making Process			
Demonstrates therapeutic communication with patients & families			
Demonstrates professional communication with other professionals			
Works in a collaborative fashion with health care team			
Appropriate documentation			
Procedural skills			
Attendance/Punctuality			
Overall Recommendation			

*Please include a statement about the applicant's strengths/weaknesses and whether you feel this applicant will be a good fit for our Pediatric Acute Care APP Fellowship program. Please feel free to provide any additional comments.*

Recommender Signature: \_\_\_\_\_

Recommender Title: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Information: \_\_\_\_\_



## Pediatric Acute Care

# Advanced Practice Provider Fellowship- Practicing APP Reference Form

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Date: \_\_\_\_\_

\_\_\_\_\_ (name of applicant) has applied for a position in the Pediatric Acute Care APP Fellowship Program at Strong Memorial Hospital in Rochester, NY.

We would appreciate your evaluation of this applicant’s general ability and professional proficiency in clinical practice. We would like to know what you consider the applicant’s strengths and weaknesses to be. You can be assured that all information will be treated confidentially.

**Please be advised that all recommendations are to be completed confidentially and the recommender should be provided an envelope to enclose their recommendation which must have a signature across the seal of the envelope and can be submitted with the application. Alternatively, this form and any supplemental information may be submitted directly by the recommender to the Fellowship Director via email at: [victoria\\_derue@urmc.rochester.edu](mailto:victoria_derue@urmc.rochester.edu).**

I hereby authorize the release of my academic/clinical record to Strong Memorial Hospital, Department of Pediatrics.

Applicant Signature: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

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Please state how you know the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have worked with the candidate in a clinical setting during what period of time?

\_\_\_\_\_

In comparison with the APPs you have worked with clinically, how would you rank this candidate clinically?

Upper 10% ( ) Upper 25% ( ) Middle ( ) Lower 25% ( ) Lower 10% ( ) N/A ( )

**Please Rate the Applicant on the Following:**

	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>
Critical Thinking Skills			
Organizational Skills			
Leadership Potential			
Flexibility/Adapts to Change			
Professional Attitude			
Clinical Competence			
Appropriately selects and interprets diagnostic testing findings			
Medical Decision Making Process			
Demonstrates therapeutic communication with patients & families			
Demonstrates professional communication with other professionals			
Works in a collaborative fashion with health care team			
Appropriate documentation			
Procedural skills			
Attendance/Punctuality			
Overall Recommendation			

*Please include a statement about the applicant's strengths/weaknesses and whether you feel this applicant will be a good fit for our Pediatric Acute Care APP Fellowship program. Please feel free to provide any additional comments.*

Recommender Signature: \_\_\_\_\_

Recommender Title: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Information: \_\_\_\_\_