



## Now Accepting Applications for ACCESS: Supports for Living Psychiatric Mental Health Nurse Practitioner Residency in Integrated Primary Health Care

*ACCESS: Supports for Living (ACCESS) in Middletown, New York is pleased to announce that it is accepting applications for its inaugural Psychiatric Nurse Practitioner Residency Program in Community Behavioral Health. The class of 2017–2018 will begin in September 2017.*

**Application deadline is June 30, 2017**

ACCESS is committed to leadership, transformation, and innovation in health care. This residency is designed for new psychiatric nurse practitioners with a commitment to developing career practices in the challenging setting of Community Behavioral Health Care and/or special populations. The Psychiatric Mental Health Nurse Practitioner Residency in Community Mental Health, co-located with Primary Care, has the following three goals:

- Prepare Psychiatric Nurse Practitioners to assume leadership roles and responsibility for the integrated care and well-being of complex underserved populations across the life span.
- Build upon the preparation of the educational program leading to certification to develop the clinical and professional confidence necessary for efficient, effective and productive practice as a lead member of the Behavioral Health Care team in community health care settings.
- Increase the number of Psychiatric Nurse Practitioners choosing to build long-term careers in community mental health care settings, and their capability for leadership positions within those organizations and within the healthcare system of the future.

### Application Requirements:

1. Completed Application
2. CV
3. Three (3) letters of reference. As one of, or in addition to the three letters of recommendation that you will be supplying with the credentialing application, please submit at least one letter that specifically addresses your capabilities and interests related to this Residency Program.

If you have any questions or difficulties,  
please don't hesitate to send an email to [NPresidency@asfl.org](mailto:NPresidency@asfl.org)

Electronic applications should be emailed to [NPresidency@asfl.org](mailto:NPresidency@asfl.org).  
Simply download the PDF, complete all fields, save, and attach to the email.

# Psychiatric APRN Residency Program Application

## General Information

Please complete all relevant fields.

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Suffix</i>
<i>Contact Email Address</i>	<i>Cell Phone</i>	<i>Home Phone</i>	

Gender: Male:  Female:

Birth Place:

Ethnicity (Optional):

## Home Address

Please enter your home address in full.

<i>Home Address Line 1:</i>	<input type="text"/>		
<i>Home Address Line 2:</i>	<input type="text"/>		
<i>City:</i>	<i>State:</i>	<i>Zip:</i>	<input type="text"/>

## Other Names

Please enter any other names by which you have been known including those appearing on professional diploma and licensure.

<i>Other First Name</i>	<i>Other Middle Name</i>	<i>Other Last Name</i>	<i>FromDate (mm/yy)</i>	<i>ToDate (mm/yy)</i>
<i>Other First Name</i>	<i>Other Middle Name</i>	<i>Other Last Name</i>	<i>From Date (mm/yy)</i>	<i>ToDate (mm/yy)</i>

## For Non U.S. Citizens

Please provide information on your immigration status.

<i>Country or Citizenship</i>	<i>Visa</i>	<i>Visa Number</i>	<i>Visa Date</i>

## Language(s)

Please list all non English languages spoken and level of fluency.

<i>Language 1:</i>	<input type="text"/>	<i>Fluency:</i>	<input type="text"/>
<i>Language 2:</i>	<input type="text"/>	<i>Fluency:</i>	<input type="text"/>
<i>Language 3:</i>	<input type="text"/>	<i>Fluency:</i>	<input type="text"/>

# Psychiatric APRN Residency Program Application

## Education

List undergraduate, graduate and professional education below.

Education Type:				
Degree Earned:				
Institution Name:				
Address Line 1:				
Address Line 2:				
City:	State:	Zip:		
Phone:	Fax:	Country:		
From (mm/yy):	To: (mm/yy):			

Education Type:				
Degree Earned:				
Institution Name:				
Address Line 1:				
Address Line 2:				
City:	State:	Zip:		
Phone:	Fax:	Country:		
From (mm/yy):	To: (mm/yy):			

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Degree Earned:				
Institution Name:				
Address Line 1:				
Address Line 2:				
City:	State:	Zip:		
Phone:	Fax:	Country:		
From (mm/yy):	To: (mm/yy):			

# Psychiatric APRN Residency Program Application

## Professional Reference

Please list the names and addresses of references as follows and based upon the definitions below:

- Training Director Recommendation
- Clinical Preceptor
- Professional Reference Information: These references must have current knowledge of your clinical competence, and have known you for at least one year.

## Professional Reference

Name:		Reference Type:	
Institution/Relationship:		Specialty:	
Address Line 1:			
Address Line 2:			
City:	State:	Zip:	
Contact Phone:	Fax:		
Email:			

## Professional Reference

Name:		Reference Type:	
Institution/Relationship:		Specialty:	
Address Line 1:			
Address Line 2:			
City:	State:	Zip:	
Contact Phone:	Fax:		
Email:			

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Institution/Relationship:		Specialty:	
Address Line 1:			
Address Line 2:			
City:	State:	Zip:	
Contact Phone:	Fax:		
Email:			

# Psychiatric APRN Residency Program Application

## Application Attestation

I attest that all information provided in this Application is true and complete to the best of my knowledge and belief. I will notify the Organizations and/or their agents within 10 days of any material changes to the information I have provided in my application or authorized to be released pursuant to the credentialing process. I understand that corrections to the application are permitted at any time prior to a determination of membership and/or privileges or affiliation by the Organizations, and must be submitted on-line or in writing, and must be dated and signed by me.

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*Electronic Signature – Type full name*

*Last 4 digits of SSN*

*Date*

# Psychiatric APRN Residency Program Application

## Essay Question

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to ACCESS your personal statement of qualifications, interest, and motivation in acceptance to this Residency. Additional space is available at the end of this application.

A. What personal, professional, educational and clinical experiences have led you to choose nursing as a profession and the role of a psychiatric nurse practitioner as a specialty practice?

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## Essay Question

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to ACCESS your personal statement of qualifications, interest, and motivation in acceptance to this Residency. Additional space is available at the end of this application.

B. Please describe your desire to train in a Community Mental Health Center setting as well as your long term commitment to practicing as a psychiatric nurse practitioner.

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## Essay Question

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C. What are your goals for a Psychiatric NP Residency Program, including your aspirations for your short and long term career development?



# Psychiatric APRN Residency Program Application

## Essay Question

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to ACCESS your personal statement of qualifications, interest, and motivation in acceptance to this Residency. Additional space is available at the end of this application.

D. What specific patient populations would you like to develop an increased mastery, competence and confidence in?

# Psychiatric APRN Residency Program Application

## Essay Question

Use this additional space to continue your essay. Please indicate Essay Question A, B, C, or D.

Essay \_\_\_\_\_

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Essay \_\_\_\_\_

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Essay \_\_\_\_\_

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Essay \_\_\_\_\_