



MEDICINE *of* THE HIGHEST ORDER

Neonatal Intensive Care Advanced Practice Provider Fellowship Program Application

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 Neonatal Intensive 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, a passion for Neonatal Care and an active desire to learn.

Application Process:

- 1) Complete the on-line job application for the Neonatal ICU – APP Fellowship position (job code R257446) located on the Human Resources/Office of Nursing Recruitment website:

https://rochester.wd5.myworkdayjobs.com/UR_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 Both the application and resume are required to apply.

2. **Current** University of Rochester Employees **do not** need to complete an online application. Simply forward your resume to NursingRecruitment@urmc.rochester.edu

2) Please send the following items to the Neonatal Intensive Care APP Fellowship Interim Director, Morgan Cotter

- Current Resume or Curriculum Vitae
- Official academic transcript to date if you are a recent graduate
- 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 Neonatal Medicine, and how this opportunity will impact your future as a Neonatal APP. Please also comment on why you think this program will be a good fit for you.

3) Return complete application e-mail:

- Morgan Cotter – NICU APP Fellowship Interim Director
 - morgan_cotter@urmc.rochester.edu

4) Please e-mail Morgan Cotter with any questions or concerns about this application and the application process.



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Neonatal Intensive Care Advanced Practice Provider – Recent Graduate Reference Form

Nurse Practitioner/Physician Assistant Program: _____

Date: _____

_____ (name of applicant) has applied for a position in the Neonatal Intensive 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 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.

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

Applicant Signature: _____

Applicant Printed Name: _____

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:

	Above Average	Average	Below Average
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 Neonatal Intensive Care APP Fellowship program. Please feel free to provide any additional comments.

Recommender Signature: _____

Recommender Title: _____

Date: _____

Contact Information: _____



MEDICINE of THE HIGHEST ORDER

Neonatal Intensive Care
Advanced Practice Provider - Practicing APP
Reference Form

Date: _____

_____ (name of applicant) has applied for a position in the Neonatal Intensive 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 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.

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

Applicant Signature: _____

Applicant Printed Name: _____

Please state how you have come to know the applicant?

The above NICU APP Fellowship Candidate worked in clinical setting alongside you 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:

	Above Average	Average	Below Average
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 Neonatal Intensive Care APP Fellowship program. Please feel free to provide any additional comments.

Recommender Signature: _____

Recommender Title: _____

Date: _____

Contact Information: _____