



Application deadline:  
July 4<sup>th</sup>, 2022

# Nurse Practitioner Postgraduate Fellowship



Delivering health and hope to Chicago's underserved communities.

Esperanza Health Centers in Chicago, IL is pleased to announce that it is accepting applications for its 2022 - 2023 class into the Nurse Practitioner Postgraduate Fellowship Training Program. The class of 2022 - 2023 will begin August 29, 2022.

## Goals

- Increase the number of NPs ready to serve in leadership roles in community health settings.
- Improve the clinical skills, confidence, productivity, and job satisfaction of new NPs who choose to work in underserved community settings.
- Provide new NPs with the necessary clinical training to be able to serve as primary care providers in the complex setting of the country's FQHCs.
- Increase access to quality primary care for underserved communities by training NPs in a Federally Qualified Health Center-based residency program.

## Structure

12 months of full-time residency employment at Esperanza Health Centers with a one-year employment commitment after completion of the postgraduate training program.

## Application Requirements

- All applicants are required to fill out the attached Esperanza Health Centers application. Accepting:
  - Family Nurse Practitioners
  - Adult-Gerontology Nurse Practitioners
  - Physician Assistants
- Three letters of recommendation, one of which addresses your capabilities and interests related to this program.
- Medical Spanish language proficiency is required by the start of the program.

## Application Checklist

Type or legibly print all responses and complete the applications in its entirety. Complete address and telephone numbers are required where indicated. All dates must be inclusive (month & year).

If a question is not applicable note "N/A." Current copies of the following documents must accompany your application. Please make sure all copies are legible.

- \_\_\_\_\_ CV with month & year for work & education history sections
- \_\_\_\_\_ CV must show a five (5) year work history month & year format
- \_\_\_\_\_ If applicable, written and signed explanation of any gaps in work history over three (3) months
- \_\_\_\_\_ Copy of Illinois RN license
- \_\_\_\_\_ Copy of Illinois APRN license
- \_\_\_\_\_ Copies of license(s) from any other state
- \_\_\_\_\_ Federal DEA certificate
- \_\_\_\_\_ ANCC/AANP certification or evidence of eligibility for certification
- \_\_\_\_\_ Copy of driver's license
- \_\_\_\_\_ Professional diploma (BSN, MSN) AND official graduate school transcripts
- \_\_\_\_\_ Three (3) letters of recommendation from professional references (supervisor, program director, chairman of department, CMO).
- \_\_\_\_\_ If applicable, non U.S. residents must provide a copy of their permanent resident card/VISA/ proof of eligibility to work in the U.S.

Licensure and credentialing materials (i.e. Board Certification, IL licenses, and DEA license) are not required when applying, simply write "pending". They are required prior to the start of residency on August 29, 2022.



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

## General Information

|                               |                    |                             |               |
|-------------------------------|--------------------|-----------------------------|---------------|
|                               |                    |                             |               |
| <i>First Name</i>             | <i>Middle Name</i> | <i>Last Name</i>            | <i>Suffix</i> |
|                               |                    |                             |               |
| <i>Contact e-mail address</i> | <i>Cell phone</i>  | <i>Home phone</i>           |               |
|                               |                    |                             |               |
| <i>Home Address Line 1</i>    |                    |                             |               |
|                               |                    |                             |               |
| <i>Home Address Line 2</i>    |                    |                             |               |
|                               |                    |                             |               |
| <i>City</i>                   | <i>State</i>       | <i>Zip</i>                  |               |
|                               |                    |                             |               |
| <i>Gender (optional)</i>      | <i>Pronouns</i>    | <i>Ethnicity (optional)</i> |               |

## 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(s)</i> | <i>Other Middle Name(s)</i> | <i>Other Last Name(s)</i> | <i>From Date (mm/yy)</i> | <i>To Date (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. Spanish language proficiency is required by the start of the program.

|                     |                 |
|---------------------|-----------------|
| <i>Language(s):</i> | <i>Fluency:</i> |
|                     |                 |
|                     |                 |
|                     |                 |

## Education

List undergraduate, graduate, and professional education below.

|                        |                    |                 |
|------------------------|--------------------|-----------------|
| <i>Education Type:</i> |                    |                 |
| <i>Degree Earned:</i>  |                    |                 |
| <i>Institution:</i>    |                    |                 |
| <i>Address Line 1:</i> |                    |                 |
| <i>Address Line 2:</i> |                    |                 |
| <i>City:</i>           | <i>State:</i>      | <i>Zip:</i>     |
| <i>Phone:</i>          | <i>Fax:</i>        | <i>Country:</i> |
| <i>From (mm/yy):</i>   | <i>To (mm/yy):</i> |                 |

|                        |                    |                 |
|------------------------|--------------------|-----------------|
| <i>Education Type:</i> |                    |                 |
| <i>Degree Earned:</i>  |                    |                 |
| <i>Institution:</i>    |                    |                 |
| <i>Address Line 1:</i> |                    |                 |
| <i>Address Line 2:</i> |                    |                 |
| <i>City:</i>           | <i>State:</i>      | <i>Zip:</i>     |
| <i>Phone:</i>          | <i>Fax:</i>        | <i>Country:</i> |
| <i>From (mm/yy):</i>   | <i>To (mm/yy):</i> |                 |

|                        |                    |                 |
|------------------------|--------------------|-----------------|
| <i>Education Type:</i> |                    |                 |
| <i>Degree Earned:</i>  |                    |                 |
| <i>Institution:</i>    |                    |                 |
| <i>Address Line 1:</i> |                    |                 |
| <i>Address Line 2:</i> |                    |                 |
| <i>City:</i>           | <i>State:</i>      | <i>Zip:</i>     |
| <i>Phone:</i>          | <i>Fax:</i>        | <i>Country:</i> |
| <i>From (mm/yy):</i>   | <i>To (mm/yy):</i> |                 |

## Professional Reference(s)

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

- Program Director - graduate program
- Clinical Preceptor
- Professional Reference - preferably a manager

|                           |        |                 |  |
|---------------------------|--------|-----------------|--|
| Name:                     |        | Reference Type: |  |
| Institution/Relationship: |        | Specialty:      |  |
| Address Line 1:           |        |                 |  |
| Address Line 2:           |        |                 |  |
| City:                     | State: | Zip:            |  |
| Phone:                    | Fax:   |                 |  |
| E-mail:                   |        |                 |  |

|                           |        |                 |  |
|---------------------------|--------|-----------------|--|
| Name:                     |        | Reference Type: |  |
| Institution/Relationship: |        | Specialty:      |  |
| Address Line 1:           |        |                 |  |
| Address Line 2:           |        |                 |  |
| City:                     | State: | Zip:            |  |
| Phone:                    | Fax:   |                 |  |
| E-mail:                   |        |                 |  |

|                           |        |                 |  |
|---------------------------|--------|-----------------|--|
| Name:                     |        | Reference Type: |  |
| Institution/Relationship: |        | Specialty:      |  |
| Address Line 1:           |        |                 |  |
| Address Line 2:           |        |                 |  |
| City:                     | State: | Zip:            |  |
| Phone:                    | Fax:   |                 |  |
| E-mail:                   |        |                 |  |

## Application Attestation

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

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.

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

*Electronic Signature - Type full name*

*Last 4 digits of SSN*

*Date*



## Essay Questions

Please submit response to the following question. This is an opportunity to reflect upon and communicate to Esperanza Health Centers your personal statement of qualifications, interest, and motivation in acceptance to this postgraduate training.

Additional space is available at the end of this application.

A

- Our core values of caring, quality, and family are woven into the fellowship and daily routines at Esperanza and our national quality scores reflect this. Please describe a time when you witnessed low quality care. What were the system level and individual level factors which contributed to it? How would you have addressed it or prevented it from happening?

## Essay Questions (continued)

B

- What personal, professional, educational, and clinical experiences have led you to choose nursing as a profession? Why FNP or AGNP as a specialty practice? What are your aspirations for a postgraduate training program? What is your vision and planning for your short and long-term career development?

## Essay Questions (continued)

- C — Advanced Practice Provider leaders are essential to our interprofessional care team at Esperanza. We are committed to developing our fellows into future leaders by building on their past experiences. Please highlight a past leadership role, what you learned from that role, and how that shaped your future leadership and career aspirations.

## Essay Questions (continued)

- D** — Growth springs from mistakes, failures, or moments of not having the right answer. What mistake, failure, or moment of not knowing has been your greatest growth opportunity? What did you learn from it? How did you apply that learning in your personal or professional life?



## Essay Questions (continued)

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

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## Essay Questions (continued)

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

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## Essay Questions (continued)

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

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## Essay Questions (continued)

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

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