

uNParalleled Resident Application

UNMC'S NURSE PRACTITIONER
(NP) RESIDENCY PROGRAM
IS UNIQUELY DESIGNED TO
**TRANSITION NEW NPS INTO
PRIMARY CARE CLINICS.**

UNMC College of Nursing is now accepting applications to join the inaugural uNParalleled Residency.

uNParalleled is designed to nurture and support nurse practitioners through additional knowledge and mentorship. You will be connected to a clinic and given additional support for managing medically and socially complex patients. This innovative program is designed for: FNP, WHNP, PNP graduates.



Please read carefully through the following eligibility and application requirements.

ELIGIBILITY REQUIREMENTS

At least 3 years of experience as a Registered Nurse

Recent (within past 18 months) or expectant graduate of Master's or Doctoral Graduate Nurse Practitioner program

Board certification eligibility in Family Practice, Adult Primary Care, Pediatric Primary Care or Women's Health with intention to take a National Board exam

Nebraska state APRN licensure eligible

Federal DEA certificate eligible

Relocation to clinic site location required

APPLICATION REQUIREMENTS

Application

CV or Resume (with 5-year work history)

Essay responses to the prompts listed in the essay section

ANCC/AANP certification or evidence of eligibility for certification (when available)

Copy of Registered Nurse License

Copy of ARNP License (if already available)

Official copy of school transcripts

Three letters of recommendation from professional references

Headshot photo or copy of driver's license (used for identification purposes only)

uNParalleled Resident Application

PLEASE SELECT RESIDENCY LOCATION

- Good Neighbor Community Health Center**
Columbus, NE
Family Nurse Practitioner Resident
goodneighborcommunityhealthcenter.com
- Family Practice of Grand Island**
Grand Island, NE
Family Nurse Practitioner Resident
- Omaha Health Clinic**
Omaha, NE
Family Nurse Practitioner Resident
omahahealthclinic.com

DEMOGRAPHIC INFORMATION

Name

Address

City

State

Zip

Phone

Email

Previous Names

Additional Languages Spoken (in addition to English)

Please work with each institution to submit transcripts to unparalleled@unmc.edu.
Your application will not be complete until the transcripts have been submitted.

EDUCATION

Degree Earned	Institution		
Address	City	State	Zip
Phone	Email	Attendance Dates	

EDUCATION

Degree Earned	Institution		
Address	City	State	Zip
Phone	Email	Attendance Dates	

EDUCATION

Degree Earned	Institution		
Address	City	State	Zip
Phone	Email	Attendance Dates	

Complete the form below for each reference. Contact your references and provide them with this link to complete an online evaluation. <http://unparalleledresidency.com/application-reference>
Your application will not be complete until these evaluations have been submitted.

PROFESSIONAL REFERENCES

Name	Specialty	Institution/Clinic		
Address		City	State	Zip
Phone	Email	Relationship	Length of Acquaintance	

PROFESSIONAL REFERENCES

Name	Specialty	Institution/Clinic		
Address		City	State	Zip
Phone	Email	Relationship	Length of Acquaintance	

PROFESSIONAL REFERENCES

Name	Specialty	Institution/Clinic		
Address		City	State	Zip
Phone	Email	Relationship	Length of Acquaintance	

ESSAY QUESTIONS

Please submit responses to the following questions. 500 word limit per question.

1. What personal, professional, clinical and educational experiences led you to the nursing profession and your specialty as a nurse practitioner?

-
2. What are your short and long- term goals for your career? How will this residency help you achieve those goals?

3. Why are you interested in working with and providing care to medically underserved, medically and/or socially complex populations?

4. What are your personal qualities and strengths that you think will contribute positively to this experience?

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.

Electronic Signature – Type full name Last 4 digits of SSN

Upon completion, submit this PDF application to unparalleled@unmc.edu

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,670,115.00 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov