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**NP/PA Residency Program**

**Interest Sheet**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | **First Name** |  | **Last**  |  | **MI** |  |
| **Home Address** |  | **City** |  | **State** |  | **ZIP** |  |

Name of NP or PA Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date or Expected Date of Completion:\_\_\_\_\_\_\_\_\_\_\_\_
If Certified:Name of Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date or Expected Date of Completion:\_\_\_\_\_\_\_\_\_\_\_\_

Please list all states in which you are actively licensed to practice:

State: \_\_\_\_\_ License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type: RN/NP/PA
State: \_\_\_\_\_ License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type :RN/NP/PA
State:\_\_\_\_\_\_License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Type: RN/NP/PA
DEA# if registered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our NP/PA Residency Program starts September 2019. Will this work for you? Yes or No?

 **Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Home Phone** |  | **Cell Phone** |  |
| **Email** |  |

**Personal Information**

|  |  |
| --- | --- |
| **Languages Spoken** |  |
| **Languages Written** |  |

1. **What personal, professional, educational and clinical experiences have led you to pursue the profession of a Nurse Practitioner/Physician Assistant as a specialty practice?**
2. **What are your goals for the NP/PA Residency Program, including your aspirations for your short and long term career development?**
3. **How strong are your Spanish skills now (how far can you get in a medical interview without an interpreter?)**
4. **Please describe your desire to train in a Community health center setting as well as your long term commitment to working as a primary care provider who cares for underserved patients.**

**Thank you for your interest in working with Petaluma Health Center. Once we receive this completed form, we will reach out to you to discuss next steps.**