



Johns Hopkins University
School of Medicine
Division of Gastroenterology & Hepatology

APPLICATION FOR NURSE PRACTITIONER FELLOWSHIP

NAME: _____
Last First Middle

ADDRESS: _____
Street

City State Zip Code

PHONE

HOME: (____) _____ OFFICE: (____) _____

CELL: (____) _____ FAX: (____) _____

DATE OF BIRTH: _____ **BIRTHPLACE:** _____

SOCIAL SEC #: _____ **MARITAL STATUS:** _____

NUMBER OF DEPENDENTS: _____ **U.S. CITIZEN:** ___ yes ___ no*

U.S. MILITARY STATUS: ___ Active ___ Reserve

Branch: _____

Selective Service Classification: _____

PHOTOGRAPH: Attach a recent photo here or as an additional attachment



EDUCATION:

Original transcripts from college and graduate school to be sent directly to Valerie Owen, CRNP

COLLEGE	ADDRESS	DEGREE	DATE AWARDED
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GRADUATE SCHOOL	ADDRESS	DEGREE	DATE AWARDED
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EXPERIENCE:

In chronological order, list all positions since completing your nurse practitioner program (*No omissions*).

Dates	Position	Name & Location Institution	Supervisor
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a) What aspects of GI at Johns Hopkins is of interest to you?

b) Describe any previous research experience, if applicable



CERTIFICATION: List specialties in which you are certified:

SPECIALTY	YEAR CERTIFIED	CERTIFYING BODY
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_____	_____	_____
_____	_____	_____
_____	_____	_____

LICENSURE:

RN LICENSE #: _____ State: _____ Exp. date: _____

NP LICENSE #: _____ State: _____ Exp. date: _____

LETTERS OF RECOMMENDATION:

Please ask three individuals to send a letter of recommendation directly to gastroNPfellowship@jhu.edu commenting on your clinical competence, educational background, achievements, and potential.

List their names and e-mail addresses here:

1. _____

2. _____

3. _____



PRESENT AND FUTURE INTERESTS: Describe why you are interested in postgraduate training, future goals in the field of gastroenterology and hepatology and any additional information you think should be considered by the selection committee.

Signature of Applicant

Date



PERSONAL DATA INFORMATION

The Gastroenterology Division has a continuing commitment to monitoring the operation of its interview and application process to detect, and deal appropriately with, any instances of real or apparent inequities with respect to age, race, or ethnicity.

The Gastroenterology Division therefore requests that you complete the form below and attach it to the original signed application. The information will be separated from your application upon receipt and will not be used in the review process.

Providing this information is optional. If you decline to provide this information, it will no way affect consideration of your application.

Race and/or Ethnic Origin (check one)

Note: The category that most closely reflects the individual's recognition in the community should be used for the purpose of reporting mixed racial and/or ethnic origins.

_____ **American Indian or Alaskan Native.** A person having origins in any of the original peoples of North America, and who maintain a cultural identification through tribal affiliation or community recognition.

_____ **Asian or Pacific Islander.** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

_____ **Black, not of Hispanic origin.** A person having origins in any of the black racial groups of Africa.

_____ **Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **White, not of Hispanic origin.** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ Check here if you do not wish to provide this information.