



# COOK COUNTY HEALTH

## Post-Graduate Fellowship Program Application Cook County Health and Hospitals System

### General Instructions

Use this form to apply for the Post-Graduate Fellowship Program. Submit a complete set of application materials via email to [mmcnamara6@luc.edu](mailto:mmcnamara6@luc.edu) (rolling admission process).

### Required Documents

1. Fellowship program application – Submit an original application with signature.
2. One letter of recommendation
  - One recommendation from graduate program director or clinical faculty member who are familiar with your knowledge and skills as a nurse practitioner or nurse practitioner student.
3. Individuals completing a recommendation must email the form directly to [mmcnamara6@luc.edu](mailto:mmcnamara6@luc.edu).
3. Statement of Intent - Applicants should submit no more than one page, 12-point font, double-spaced statement, describing your career goals and reasons for pursuing the APRN fellowship. Include how participation in the fellowship will enhance your future career plans. Please ensure your name is included on your statement of intent.
4. Curriculum Vitae/Resume - Current CV indicating educational background, professional experience, volunteer experience and other relevant information (e.g. publications, scholarship and awards, professional organizations, community activities). Document should be created using a 12-point font and 1-inch margins.
5. Transcript(s) from graduate program(s). **Unofficial transcripts are acceptable for the application.**
6. Proof of Illinois nursing and nurse practitioner licenses (if available) or anticipated date of licensure
7. Proof of Family Nurse Practitioner Board Certification (if available) or anticipated date of board certification

## **Program Application Requirements**

- Zoom interviews will be conducted for all qualifying applicants.
- Additional documentation will be required, such as a background check, submission of immunization or immunity for various communicable diseases, and other required documents prior to starting the fellowship. These requirements are all part of a usual onboarding process if hired.



### **Voluntary Information**

Date of Birth (month/day/year): \_\_\_\_\_ Sex:  Female  Male  Other \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City State/Province Country

Ethnic Origin:  American Indian/Native Alaskan  Asian/Pacific Islander  Black, Non-Hispanic  
 Hispanic  White, Non-Hispanic  Other: \_\_\_\_\_

What language(s) do you read, write, and speak? \_\_\_\_\_

### **Your resume or CV should include:**

- Academic History
- Professional Experience
- Specialty Certification(s) – include date of initial certification and last date of recertification

**Nursing Licensure:** List all active and inactive RN and advanced practice nursing licenses and submit a photocopy of active licenses.

State	License Number	Date Issued	Expiration Date
		/ /	/ /
		/ /	/ /
		/ /	/ /

**Licensure Issues and Disciplinary Action**

A. Has your license to practice as an RN or Advanced Practice Registered Nurse in the US ever been denied, limited, suspended, revoked, or not renewed?  Yes  No  
*If yes, please provide an explanation on a separate sheet of paper.*

B. Have any disciplinary actions been initiated or are there any pending actions against you by any State Licensure Board?  Yes  No  
*If yes, please provide an explanation on a separate sheet of paper.*

C. Has your federal/state-controlled substances or narcotics registration ever been limited, revoked, suspended or not renewed, voluntarily or involuntarily, and is such registration subject to any pending challenge?  Yes  No  
*If yes, please provide an explanation on a separate sheet of paper.*

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## Acknowledgment

I understand that the information submitted herein will be relied upon to determine my qualifications and eligibility for appointment and training. I authorize Loyola University Chicago to verify the information I have provided. I understand that any omission of requested data may jeopardize my admission to the program.

I certify that the information in the application is complete, correct, and not misleading to the best of my knowledge and belief. I acknowledge the submission of any false, incomplete or misleading information is grounds for rejection of my application, withdrawal of any acceptance offer, appointment revocation or appropriate disciplinary action after appointment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Release of Information

I hereby authorize all hospitals, schools, physicians, employers, individuals, agencies or other organizations to provide Loyola University Chicago (or its designee) with information requested by for the residency program to verify the information I have provided in this application and to determine my qualifications and eligibility for appointment and training. I further agree not to hold such organizations (nor individuals employed by such organizations) liable for furnishing same.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Checklist:** Submit all application documents to [mmcnamara6@luc.edu](mailto:mmcnamara6@luc.edu)

\_\_\_\_\_ Fellowship application

\_\_\_\_\_ One recommendation form *submitted by your professional reference*

\_\_\_\_\_ Transcripts from your graduate program

\_\_\_\_\_ Statement of intent

\_\_\_\_\_ Curriculum vitae

\_\_\_\_\_ Proof of license

\_\_\_\_\_ Proof of certification (if applicable)

\_\_\_\_\_ Details on a separate sheet for any issues related to licensure or disciplinary action.