

Post Graduate Fellowship in Oncology Nursing Application

Office of Nursing Workforce Planning & Development

I. General Instructions

Use this form to apply for a full-time appointment to the Post Graduate Fellowship in Oncology Nursing at The University of Texas MD Anderson Cancer Center. Submit a complete set of application materials as listed below to the Fellowship Coordinator. Materials submitted separately must contain the same surname and last four social security numbers as the application form.

Required Documents
Application Form – Submit an original application form. Supply all information requested. If you submit the form electronically, you must provide a signed paper copy along with the required documents to complete the application process.
Three Letters of Evaluation – <u>You must use the form provided.</u> Letters must reflect practice performance and must be from persons qualified to comment on your qualifications in a patient care setting. One must be from a current supervising physician or advanced practice nurse supervisor. New graduates must provide at least one recommendation from their graduate program director or clinical faculty member. The remaining recommendation(s) may be from professional(s) of the applicant’s choosing.
A Statement of Intent (not to exceed one typewritten page) describing you career goals and reasons for pursuing the Fellowship.
Curriculum Vitae
College Transcripts (unofficial)

II. Program Requirements

- A. Please contact the Fellowship Coordinator for additional application and review requirements. A telephone interview is required for selected applicants. An on-site interview is required for final candidates. The Fellowship Coordinator will communicate directly with applicants concerning the review process and interview requirements.
- B. Additional documentation may be required.

III. Policies Regarding Appointment

- A. Approval of recommendation for appointment, submitted by the Fellowship Coordinator, is at the discretion of the Vice President of Nursing Practice & Chief Nursing Officer. Questions concerning the status of a submitted application should be directed to the Fellowship Coordinator.
- B. The University of Texas MD Anderson Cancer Center conducts a personal background check.
- C. In compliance with H.B. 558 passed during the 76th legislative session, The University of Texas System requires male citizens/nationals who are 18 to 26 years of age to provide proof of registration with the Selective Service System or exemption from registration, prior to employment. If you have not registered you may do so on line at: <https://www4.sss.gov/regver/register1.asp>.
- D. With few exceptions, you are entitled on your request to be informed about the information UTMDACC collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code you are entitled to have UTMDACC correct information about you that is held by us and is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that UTMDACC collects will be retained and maintained as required by Texas records retention laws (Section 441.180 *et seq.* of the

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IX. Specialty Certification

A. List all Certifications.

Certifying Body Name	Date of Certification (mo/day/yr)	Recertification Required (yes/no)	Latest Date of Recertification (mo/day/yr)

X. Registered Nurse Licenses

A. List all active and inactive R.N. licenses. Submit a photocopy of active R.N. licenses.

Do not abbreviate names			
State	License Number	Year Issued	Expiration Date (mo/day/yr)

B. Has your license to practice as a Registered Nurse in the U. S. ever been denied, limited, suspended, revoked or not renewed?

- Yes No

C. Have any disciplinary actions been initiated or are any pending against you by any State Licensure Board?

- Yes No

D. 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

XI. Statement of Intent

State your career goals and reasons for pursuing the Fellowship. Include future career plans and how they might be enhanced by your additional training. Submit the statement of intent, not to exceed one typewritten page.

XII. Acknowledgment

Read the following statements carefully before signing your application:

I understand that all application material submitted to The University of Texas MD Anderson Cancer Center becomes the property of MD Anderson and is not returnable. I also understand that MD Anderson is not obligated to furnish me with duplicate copies.

I understand that the information submitted herein will be relied upon by MD Anderson to determine my qualifications and eligibility for appointment and training. I authorize MD Anderson to verify the information I have provided. I understand that any omission of requested data may jeopardize my admission or subsequent academic standing at MD Anderson. I agree to notify the proper MD Anderson officials of any changes in the information provided.

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 _____

XIII. Release of Information

I hereby authorize all hospitals, schools, physicians, employers, individuals, agencies or other organizations to provide MD Anderson (or its designee) with information requested by MD Anderson 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 _____

Submit all application documents to the following address:

The University of Texas MD Anderson Cancer Center
Post Graduate Fellowship in Oncology Nursing
Attention: Alisha McAfee
1515 Holcombe Blvd, Unit 82-47
Houston, TX 77030-4009