

Post Graduate Fellowship in Oncology Nursing Application

The University of Texas MD Anderson Cancer Center

Department of Nursing

General Instructions

Use this form to apply for the Post Graduate Fellowship in Oncology Nursing at The University of Texas MD Anderson Cancer Center. Submit a complete set of application materials via email to aprnfellows@mdanderson.org by **October 13, 2019**.

Required Documents

1. Fellowship program application – Submit an original application with signature.
2. MD Anderson employment application – Apply for the APRN fellowship position by completing the employment application.
 - a. *External Candidates:* <https://mdanderson.referrals.selectminds.com/>
 - b. *Internal applicants* must use the internal applicant website on the MD Anderson intranet:
<http://inside.mdanderson.org/humanresources/working-at-md-anderson/career-resources/job-postings.html>
3. Three letters of recommendation – The form provided on the fellowship website must be used for recommendations.
 - Recommendations must reflect practice performance and should be from persons qualified to comment on your performance as an advanced practice nurse.
 - New graduates must provide at least one recommendation from their graduate program director or clinical faculty member.
 - The remaining recommendation(s) must be from advanced practice providers or physicians who are familiar with your knowledge and skills as a nurse practitioner or nurse practitioner student.
 - Individuals completing a recommendation must email the form directly to aprnfellows@mdanderson.org. Do not include recommendations with your fellowship application.
4. Statement of Intent- Applicants should submit a one page, 12-point font, double-spaced statement, describing your career goals and reasons for pursuing the fellowship. Include how participation in the fellowship will enhance your future career plans. Please ensure your name is included on your statement of intent.
5. Curriculum Vitae- 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.
6. Unofficial transcript(s) from graduate program(s)

Program Application Requirements

- Please review the program requirements and direct any questions regarding the application process to aprnfellowship@mdanderson.org
- A digital/one-way video interview and telephone interview are required for selected applicants. Telephone interviews for those selected will take place in November 2019.
- An on-site interview is required for final applicants. The on-site interview date for the 2019-2020 fellowship program is **February 24, 2020.** **There are no alternate dates and candidates are responsible for the travel costs for the on-site interview.**
- Additional documentation may be required.

Policies Regarding Appointment

- MD Anderson conducts a personal background check.
- 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://www.sss.gov/Home/Registration>.
- With few exceptions, you are entitled on your request to be informed about the information that MD Anderson 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 MD Anderson 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 MD Anderson collects will be retained and maintained as required by Texas records retention laws (Section 441.180 *et seq.* of the Texas Government Code) and rules. Different types of information are kept for different periods of time.
- An appointment is contingent on obtaining and maintaining Licensure as a Registered Nurse and licensure as an advanced practice registered nurse in the State of Texas.
- Appointees must provide suitable documentation of immunization or immunity for various communicable diseases prior to starting.
- MD Anderson is an Equal Employment Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, sexual orientation, age, religion, disability or veteran status in any of its policies, practices or procedures, except where such distinction is required by law.

Biographical Information (Information must be typed)

Full Name: _____
Last First Middle Former

Current
Mailing Address: _____
Street City State Zip

Phone: _____ Email: _____

Check if your current and permanent address are the same ☐

Permanent
Mailing Address: _____
Street City State Zip

Country of Permanent Residency: _____

Country of Citizenship: _____

If US citizen, naturalized? ☐ Yes ☐ No If Non-US citizen, current visa status:

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, give details of conviction, including dates, on a separate sheet of paper.

State of Texas Employment History

Have you ever been employed by The University of Texas MD Anderson Cancer Center?

☐ Yes ☐ No

If yes, list department and dates of service.

Have you ever been employed by another University of Texas institution or another agency of the State of Texas?

☐ Yes ☐ No

If yes, list institution/agency and dates of service.

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? _____

Are you or have you ever been in the Armed Forces of the United States? ☐ Yes ☐ No

If yes, branch: _____ Dates of Service: _____

How did you hear about the MD Anderson APRN fellowship program? *Please check all that apply.*

- ☐ Academic institution/University ☐ Friend/Professional colleague ☐ Internet search engine
☐ MD Anderson Cancer Center Post Graduate Fellowship website
☐ MD Anderson Cancer Center employee (Name of employee: _____)
☐ Professional society or conference (Name of conference/organization: _____)
☐ Other: _____

Academic History: List all colleges and universities attended in chronological order, beginning with the most recent institution.

Do not abbreviate names				
Dates attended (month/day/year)	Institution City/State/Country	Degree	Nurse Practitioner track	Date awarded or expected

Professional Experience: Please include all professional clinical nursing experience, beginning with the most recent position. You may use a separate sheet if needed.

List in chronological order (beginning with current or most recent)		
Start date-end date (month/day/year)	Institution City/State/Country	Title

Specialty Certification(s):

Certification	Certifying Body	Date of Initial Certification	Recertification Required?	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.

Recommendation Forms: List the names, titles, and email addresses of the individuals completing your recommendation forms below:

Name	Title	Email Address
1.		
2.		
3.		

Acknowledgment

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 _____

Release of Information

I hereby authorize all hospitals, schools, physicians, employers, individuals, agencies or other organizations to provide MD Anderson Cancer Center (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 _____

Checklist: Submit all application documents to aprnfellowship@mdanderson.org

_____ Fellowship application, with copy of nursing licenses

_____ Three recommendation forms *submitted by your professional references*

_____ Unofficial transcripts from your graduate program

_____ Statement of intent

_____ Curriculum vitae

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

_____ APPLY FOR APRN FELLOWSHIP POSITION ON MD ANDERSON JOBS WEBSITE