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. Email all information listed below to the Fellowship Program Coordinator at aprnfellowship@mdanderson.org by January 31, 2017.

<table>
<thead>
<tr>
<th>Required Documents</th>
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<tbody>
<tr>
<td>Fellowship Application Form – Submit an original fellowship application form with an electronic signature. Supply all requested information.</td>
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<tr>
<td>Three Recommendation Forms – You must use the form provided. 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. <strong>Individuals completing a recommendation on your behalf must email the forms directly to the Fellowship Program Coordinator at <a href="mailto:aprnfellowship@mdanderson.org">aprnfellowship@mdanderson.org</a>.</strong> Do not include additional letters of recommendation with your fellowship application.</td>
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<tr>
<td>A Statement of Intent – (not to exceed one page) Describe your career goals and reasons for pursuing the fellowship. Include future career plans and how they might be enhanced by your participation in the fellowship. Your statement of intent is <strong>NOT</strong> a cover letter and is an important document, which is included in the consideration of your application.</td>
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<td>Curriculum Vitae</td>
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<td>Unofficial Transcript(s) from Your Graduate Program</td>
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Program Requirements:

A. Please review the program requirements and contact the Fellowship Program Coordinator for any additional questions.

B. A telephone and/or digital interview is required for selected applicants, and on-site interviews are required for final applicants.
   - Telephone and/or digital interviews are scheduled for February and March.
   - In-person interviews for final applicants are planned for April.

C. The Fellowship Program Coordinator will communicate directly with applicants concerning the review process and interview requirements.

D. Additional documentation may be required.
Policies Regarding Appointment:

A. The University of Texas MD Anderson Cancer Center conducts a personal background check.

B. 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 online at: https://www4.sss.gov/regver/register1.asp.

C. 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 Texas Government Code) and rules. Different types of information are kept for different periods of time.

D. An appointment is contingent on obtaining and maintaining licensure as a registered nurse and authorization as an advanced practice nurse in the State of Texas.

E. Appointees must provide suitable documentation of immunization or immunity for various communicable diseases prior to starting.

F. The University of Texas MD Anderson Cancer Center 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 (Type of print information in black ink)

Full Name: ____________________________________________________________

Last       First       Middle       (Former)

Current Mailing Address: ________________________________________________________

Street       City       State       Zip

Phone       E-mail Address:

Permanent Mailing Address: ________________________________________________________

Street       City       State       Zip

Check if your current and permanent address are the same □

Country of Permanent Residency: ______________________________________________________

Country of Citizenship: ______________________________________________________

If U.S. citizen, naturalized? □ Yes □ No If Non-U.S. citizen, current Visa status: _________

Have you ever been convicted of a felony? □ Yes □ No
If yes, provide details of conviction including date(s) on the attached form.

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(s) and date(s) of service on the attached form.

Have you ever been employed by another University of Texas component or another agency of the State of Texas? □ Yes □ No If yes, list agency and dates of service on the attached form.

Voluntary Information

Date of Birth (month/day/year): ________________ Sex: □ Male □ Female

Place of Birth: ________________________________________________________________

City       State       Country

Ethnic Origin: □ American Indian/Native Alaskan □ Black, Non-Hispanic □ White, Non-Hispanic □ Asian/Pacific Islander □ 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 Fellowship Program? Please check all that apply.

- [ ] Academic institution
- [ ] Friend/professional colleague
- [ ] Internet search engine
- [ ] Professional society or conference
Include the name of the society/conference ________________________________
- [ ] MD Anderson Cancer Center Post Graduate Fellowship in Oncology website
- [ ] MD Anderson Cancer Center employee
Include name of employee ________________________________
- [ ] Other: ________________________________

**Academic History:** List all colleges and universities (including graduate education training) attended in chronological order, beginning with the most recent institution.

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<thead>
<tr>
<th>Dates Attended</th>
<th>Institution City/State/Country</th>
<th>Major Field of Study/Specialty</th>
<th>Degree</th>
<th>Date Awarded or Expected</th>
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**Professional Experience:** Please include all professional clinical nursing experience, beginning with the most recent position. You may use a separate sheet if needed.

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<tr>
<th>Dates Attended</th>
<th>Institution City/State/Country</th>
<th>Job Title</th>
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**Specialty Certification:**

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<th>Certification</th>
<th>Certifying Body</th>
<th>Date of Certification</th>
<th>Recertification Required</th>
<th>Latest Date of Recertification</th>
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**Nursing Licensures**: List all active and inactive RN and advanced practice licenses and submit a photocopy of all active licenses.

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<tr>
<th>State</th>
<th>License Number</th>
<th>Year Issued</th>
<th>Expiration Date (mo/day/yr)</th>
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**Oncology Nursing Experience**: Do you have any oncology nursing experience?  □ Yes  □ No  If yes, list title and dates on the attached form.

**Licensure Issues and Disciplinary Action**

1. Has your license to practice as a registered nurse or advanced practice registered nurse in the U. S. ever been denied, limited, suspended, revoked or not renewed?  □ Yes  □ No  If yes, provide an explanation on the attached form.

2. Have any disciplinary actions been initiated against you or are there any pending actions against you by any state licensure board?  □ Yes  □ No  If yes, provide an explanation on the attached form.

3. 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, provide an explanation on the attached form.

List the names, title and email addresses of the individuals completing your recommendation form.

____________________________________
____________________________________
____________________________________

Do not abbreviate names or titles.
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 fellowship 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 fellowship 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 (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 the Fellowship Program Coordinator at aprnfellowship@mdanderson.org or fax to 713-563-9000.

______ Fellowship application
______ Three recommendation forms submitted by your professional references
______ Unofficial transcripts from your graduate program
______ Statement of intent
______ Curriculum vitae
Please provide details of prior conviction(s), including dates and location.

<table>
<thead>
<tr>
<th>Employment history with the University of Texas MD Anderson Cancer Center. List department(s), title(s), and date(s) of service.</th>
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<th>Employment history with other components of the University of Texas system, or other State of Texas agency. List agency, department(s), title(s), and date(s) of service.</th>
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**Oncology nursing experience.** If you have oncology nursing experience, please list title(s) and date(s) of oncology nursing experience.

**Issues related to licensure and/or disciplinary action:** Please use the form below to explain any “yes” answers to questions 1, 2, or 3 above related to issues with licensure, disciplinary action, and/or controlled substance registration.