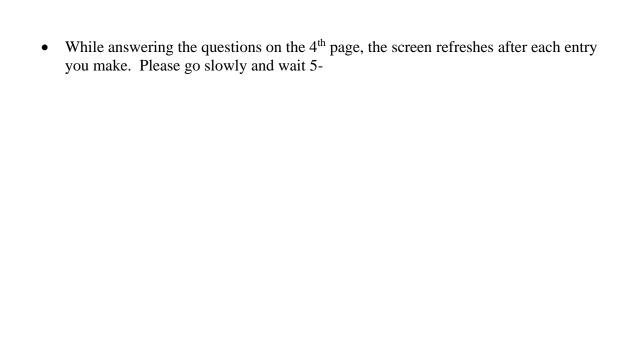
## Pediatric Acute Care Advanced Practice Provider Fellowship Program Application

The APP Fellow **MUST** meet the following qualifications:

- 1) Nurse Practitioner
  - a. Master's degree in Nursing
  - b. Active New York State licensure as Registered Nurse and Nurse Practitioner in good standing
  - c. Current national certification as a Nurse Practitioner (completed during program)
- 2) Physician Assistant
  - a. Completion of an AMA approved Physician Assistant program
  - b. Active New York State Physician Assistant licensure in good standing
  - c. Current national certification as a Registered Physician Assistant

Applicants for the Pediatric Acute Care APP Fellow position should demonstrate clinical competence as well as



## Pediatric Acute Care Advanced Practice Provider Fellowship - Recent Graduate Reference Form

Nurse Practitioner/Physician Assistant	Program:
Date:	
	(name of applicant) has applied for a position in the Pediatric Acute
Care APP Fellowship Program at Stror	ng Memorial Hospital in Rochester, NY.

We would appreciate your evaluation of this applicant's general ability and professional proficiency in academic and clinical practice. We would like to know what you consider the applicant's strengths and weaknesses to be. You can be assured that all information will be treated confidentially.

Please be advised that all recommendations are to be completed confidentially

	Above Average	Average	Below Average
Critical Thinking Skills			
Organizational Skills			
Leadership Potential			
Flexibility/Adapts to Change			
Professional Attitude			
Clinical Competence			
Appropriately selects and interprets diagnostic testing findings			
Medical Decision Making Process			
Demonstrates therapeutic communication with patients & families			
Demonstrates professional communication with other professionals			
Works in a collaborative fashion with health care team			
Appropriate documentation			
Procedural skills			
Attendance/Punctuality			
Overall Recommendation			
be a good fit for our Pediatric Acute comments.	e Care APP Fellowship pi	ogram. Please feel free	to provide any additional
Recommender Signature:			
Recommender Title:			
Date:			
Contact Information:			