

Nemours Children's Hospital, Florida



Pediatric Acute Care Advanced Practice Provider Fellowship Program



NEMOURS
CHILDREN'S HEALTH

Jessica Allen, DNP, APRN, CPNP-AC/PC — Program Director
Nick Bosco, APRN, CPNP-AC — Program Co-Director

Program Highlights

- **Length: 12 months** (October 1 – September 30)
- **Qualifications:** Board-certified physician assistants looking to specialize in pediatric acute care and board-certified acute care pediatric nurse practitioners who can apply for a FL APRN license
- **Hours: 40 – 50 hours/week**, including some nights, weekends, and holidays
- **Benefits:** Medical, dental, vision, paid time off
- **Competitive fellowship salary**
- **Important Dates:**
 - Application Window: March 1-April 30
 - Interview Dates: May
 - Selection Notification: Early June
 - Start Date: October 1

****May be considered for continued employment after completion of post-graduate training program****

Application Requirements

- Complete Nemours Children’s Health Pediatric Acute Care APP Fellowship Program Application (page 5-6 of packet)
- 1-page typed personal statement describing yourself, background, and why you desire a career in pediatric acute care
- Copy of CV
- Copy of current AHA BLS & PALS certification
- 3 letters of professional recommendation; one from your program director
 - May be sent via email or as attachment to application
- Send complete application with above documents to: Michelle.Pizarro@nemours.org
- If necessary to submit as regular mail, please send to:
 - Nemours Children’s Hospital, Florida
 - c/o Jessica Allen, APRN
 - 6535 Nemours Parkway
 - Orlando, FL 32827
- If you have any questions regarding our program, you may email: Jessica.allen@nemours.org or Nicholas.bosco@nemours.org

Program Curriculum

- **Didactic Curriculum**
 - Core Curriculum Specialty-Specific Lecture Series
 - New to Practice APP Lecture Series
 - Pediatric Fundamentals of Critical Care Support Course
 - Simulation Experiences & Skills labs
 - Morning Report
 - Noon conference
 - Morbidity & Mortality conferences
 - Journal watch or Journal club participation
 - Pediatric Grand Rounds

- **Clinical Curriculum (52 weeks)**
 - Vacation time: 4 weeks
 - 4-week blocks, 13 rotations
 - 1 Week Hospital Orientation
 - New Hire Orientation
 - APP Orientation
 - Epic training
 - Web Based Training Modules
 - Emergency Medicine
 - 11 weeks
 - Hospital Medicine
 - 12 weeks
 - Critical Care Medicine
 - 12 weeks
 - Anesthesia
 - 2 weeks
 - Electives
 - 10 weeks, 2.5 blocks, 3 electives
 - Exact rotations to be determined based on interest of fellow and availability
 - Infectious disease, Endocrinology, Pulmonology, Neurology, Gastroenterology, Nephrology, Rheumatology, General Surgery, Neurosurgery, Urology, Hematology/Oncology, Orthopedics, Otolaryngology, Cardiovascular services, Sedation, Radiology, Interprofessional Education, Medical Spanish

Competencies

- Competency-based monthly and semi-annual performance evaluations
- **Professional Development**
 - Opportunities to present at national conferences
 - Present case studies and M&M locally
 - Engagement in tailored development series
 - Longitudinal mentorship from APPs and physician colleagues
 - Ability to participate in enterprise-wide APP Lecture Series & APP Council initiatives
- **Capstone Project**
 - Required to complete capstone project with physician or APP mentor
 - Goal: introduce and involve the APP in a quality or process improvement initiative, development of a clinical care guideline, or educational initiative
 - Present work in a conference or poster session



PEDIATRIC ACUTE CARE APP FELLOWSHIP APPLICATION

Instructions:

1. Complete Pediatric Acute Care APP Fellowship Program Application pages 2-4.
2. Provide one-page typed personal statement describing yourself, your background, and why you desire a career in pediatric acute care
3. Provide a copy of your CV
4. Provide copy of current AHA BLS & PALS
5. Provide three letters of professional recommendation
 - a. one must be from your program director
 - b. May be sent via email to Jessica.allen@nemours.org or as part of the application packet
6. Send complete application with above documents to Michelle.pizarro@nemours.org
7. If necessary to submit as regular mail, please send to:

Nemours Children's Hospital, Florida
c/o Jessica Allen, APRN (GME)
6535 Nemours Parkway
Orlando, FL 32827

If you have any questions regarding our program, you may email:
Jessica.allen@nemours.org or Nicholas.bosco@nemours.org

Important Dates:

- Application Window: March 1-April 30
- Interview Dates: May
- Selection Notification: Early June
- Commitment Deadline: June 30
- Start Date: October 1



Pediatric Acute Care APP Fellowship Program Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address

_____ Apartment/Unit#

_____ City State Zip Code

Phone: _____ Email: _____

Education

High School: _____ Address: _____
From: _____ To: _____

Undergraduate: _____ Address: _____
From: _____ To: _____ Degree: _____

NP/PA Program: _____ Address: _____
From: _____ To: _____ Degree: _____

References

List three professional references. **One must be from your program director.**

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Email: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Email: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Email: _____

Employment History and/or Medical Experience

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Military Service (if any)

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

I hereby declare that the above statements in this application and all attachments hereto are complete and accurate.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received By: _____ Date: _____
Contacted By: _____ Date: _____
Interview Date Scheduled: _____
Interview Completed: _____