



## Now Accepting Applications for Thundermist Health Center Psychiatric Mental Health Nurse Practitioner Residency in Integrated Primary Health Care

*Thundermist Health Center (THC) of Rhode Island is pleased to announce that it is accepting applications for its Psychiatric Nurse Practitioner Residency Program in Integrated Primary Health Care. The class of 2020-2021 will begin in September 2020.*

*There is a one-year employment commitment upon completion of the residency program.*

Thundermist Health Center is committed to leadership, transformation, and innovation in health care. This residency is designed for new psychiatric nurse practitioners with a commitment to developing career practices in the challenging setting of a Federally Qualified Health Center (FQHC) and/or special populations.

The Psychiatric Nurse Practitioner Residency in Integrated Primary Behavioral Health Care has the following three goals:

- **PREPARE** psychiatric nurse practitioners to assume leadership roles and responsibility for the integrated care and well-being of complex underserved populations across the life span.
- **BUILD** upon the preparation of the educational program leading to certification to develop the clinical and professional confidence necessary for efficient, effective and productive practice as a lead member of the health care team in a FQHC.
- **INCREASE** the number of psychiatric nurse practitioners choosing to build long-term careers in FQHCs, and their capability for leadership positions within those organizations and within the health care system of the future.

### Application Requirements:

1. Completed application
2. CV
3. Three (3) letters of reference. As one of, or in addition to the three letters of recommendation that you will be supplying with the credentialing application, please submit at least one letter that specifically addresses your capabilities and interests related to this residency program.

**If you have any questions or difficulties, please email  
us at [NPR residency@thundermisthealth.org](mailto:NPR residency@thundermisthealth.org)**

Electronic applications should be emailed to [NPR residency@thundermisthealth.org](mailto:NPR residency@thundermisthealth.org).  
Simply download the PDF, complete all fields, save, and attach to the email.

### General Information

Please complete all relevant fields.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Suffix</i>
<input type="text"/>		<input type="text"/>	<input type="text"/>
<i>Contact Email Address</i>		<i>Cell Phone</i>	<i>Home Phone</i>

Gender (Optional): Male:  Female:

Ethnicity (Optional):

### Home Address

Please enter your home address in full.

<i>Home Address Line 1:</i>	<input type="text"/>		
<i>Home Address Line 2:</i>	<input type="text"/>		
<i>City:</i>	<i>State:</i>	<i>Zip:</i>	<input type="text"/>

### Other Names

Please enter any other names by which you have been known including those appearing on professional diploma and licensure.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Other First Name</i>	<i>Other Middle Name</i>	<i>Other Last Name</i>	<i>FromDate (mm/yy)</i>	<i>ToDate (mm/yy)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Other First Name</i>	<i>Other Middle Name</i>	<i>Other Last Name</i>	<i>From Date (mm/yy)</i>	<i>ToDate (mm/yy)</i>

### For Non U.S. Citizens

Please provide information on your immigration status.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Country or Citizenship</i>	<i>Visa</i>	<i>Visa Number</i>	<i>Visa Date</i>

### Language(s)

Please list all non English languages spoken and level of fluency.

<i>Language 1:</i>	<input type="text"/>	<i>Fluency:</i>	<input type="text"/>
<i>Language 2:</i>	<input type="text"/>	<i>Fluency:</i>	<input type="text"/>
<i>Language 3:</i>	<input type="text"/>	<i>Fluency:</i>	<input type="text"/>

**Education**

List undergraduate, graduate and professional education below.

Education Type:					
Degree Earned:					
Institution Name:					
Address Line 1:					
Address Line 2:					
City:			State:	Zip:	
Phone:		Fax:		Country:	
From (mm/yy):		To: (mm/yy):			

Education Type:					
Degree Earned:					
Institution Name:					
Address Line 1:					
Address Line 2:					
City:			State:	Zip:	
Phone:		Fax:		Country:	
From (mm/yy):		To: (mm/yy):			

Education Type:					
Degree Earned:					
Institution Name:					
Address Line 1:					
Address Line 2:					
City:			State:	Zip:	
Phone:		Fax:		Country:	
From (mm/yy):		To: (mm/yy):			

**Professional Reference**

Please list the names and addresses of references as follows and based upon the definitions below:

- Program director—graduate program
- Clinical preceptor
- Professional reference—preferably a current or former manager

**Professional Reference**

Name:	Reference Type:			
Institution/Relationship:	Specialty:			
Address Line 1:				
Address Line 2:				
City:	State:	Zip:		
Contact Phone:	Fax:			
Email:				

**Professional Reference**

Name:	Reference Type:			
Institution/Relationship:	Specialty:			
Address Line 1:				
Address Line 2:				
City:	State:	Zip:		
Contact Phone:	Fax:			
Email:				

**Professional Reference**

Name:	Reference Type:			
Institution/Relationship:	Specialty:			
Address Line 1:				
Address Line 2:				
City:	State:	Zip:		
Contact Phone:	Fax:			
Email:				

**Application Attestation**

I attest that all information provided in this Application is true and complete to the best of my knowledge and belief. I will notify the Organizations and/or their agents within 10 days of any material changes to the information I have provided in my application or authorized to be released pursuant to the credentialing process. I understand that corrections to the application are permitted at any time prior to a determination of membership and/or privileges or affiliation by the Organizations, and must be submitted on-line or in writing, and must be dated and signed by me.

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*Electronic Signature – Type full name*

*Last 4 digits of SSN*

*Date*

**Essay Question**

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to Thundermist your personal statement of qualifications, interest, and motivation in acceptance to this residency. Additional space is available at the end of this application.

A. What personal, professional, educational, and clinical experiences have led you to choose nursing as a profession and the role of a psychiatric nurse practitioner as a specialty practice?

**Essay Question**

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to Thundermist your personal statement of qualifications, interest, and motivation in acceptance to this residency. Additional space is available at the end of this application.

B. Please describe your desire to train in a community health center setting, as well as your long-term commitment to practicing as a psychiatric provider in primary care.

**Essay Question**

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to Thundermist your personal statement of qualifications, interest, and motivation in acceptance to this residency. Additional space is available at the end of this application.

C. What are your goals for a Psychiatric NP Residency Program, including your aspirations for your short-term and long-term career development?



**Essay Question**

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to Thundermist your personal statement of qualifications, interest, and motivation in acceptance to this residency. Additional space is available at the end of this application.

D. What are the specific areas of interest (by lifecycle, age, or setting) in which you would like to develop an increased mastery, competence, and confidence?

**Essay Question**

Use this additional space to continue your essay. Please indicate Essay Question A, B, C, or D.

Essay \_\_\_\_\_

**Essay Question**

Use this additional space to continue your essay. Please indicate Essay Question A, B, C, or D.

Essay \_\_\_\_\_

Essay Question

Use this additional space to continue your essay. Please indicate Essay Question A, B, C, or D.

Essay \_\_\_\_\_

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Essay \_\_\_\_\_