

APP Fellowship in Family Medicine and Rural Health

Instructions:

1. Complete the Application by the posted deadline.
2. Submit Curriculum Vitae, official transcripts from undergraduate and PA/NP program, copies of BLS and ACLS cards, and copies of certifications and licensure as you receive them.
3. Personal statement discussing anticipated strengths the candidate would bring to the fellowship, as well as professional knowledge, skills and/or behavior that the candidate wishes to enhance
4. Submit 3 reference letters (one of which should be from a member of your program faculty and at least one should be from a supervising physician/PA/NP).
5. Submit all of these documents to:

Christina Gardner, DHSc, PA-C
Carilion Clinic APP Fellowship in Family Medicine and Rural Health
1 Riverside Circle
Suite 102
Roanoke, VA 24018

You can also email documents to: cegardner@carilionclinic.org (Preferred method)

PERSONAL INFORMATION

Last Name	First Name	Middle Initial
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Street Address

City	State	Zip
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Home Phone	Cell Phone	Fax
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Non-Collegiate Email Address

Citizenship	Date of Birth
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EDUCATION AND TRAINING PA-C FNP

College / University	Graduation Year	Degree
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Was your PA or FNP program Online or Traditional? Please check one:

ONLINE

TRADITIONAL

Graduate School

Graduation Year

Degree

Certification / Licensure (State)

Expiration Date

Licensure/Cert. #

PROFESSIONAL EXPERIENCE

Employer

Contact Phone # & Email

Manager's Name

Employment Dates

REFERENCES

Name	Address	Relationship	Phone Number
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Name	Address	Relationship	Phone Number
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Name	Address	Relationship	Phone Number
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Do you consent for the application committee to contact your prior employers and/or references listed above?

YES

NO

Signature: _____ **Date:** _____

Printed Name: _____