



# Now Accepting Applications for The Jewish Board's Psychiatric Mental Health Nurse Practitioner Residency

## Training the Next Generation of Psychiatric NPs

The **Spring 2022 class** will begin on approximately March 1, 2022, and will last for one year. Application deadline is rolling, with final decisions approximately February 1, 2022.

The Jewish Board's Psychiatric Nurse Practitioner (PNP) Residency is a unique, pioneering initiative that provides a structured, nurturing training environment for newly graduated PNPs. The year-long residency grooms PNPs to become clinical leaders at the agency, and in the field of mental health. The PNP Residency includes:

- Enhanced supervision, and support are at the heart of our PNP Residency Program. Residents will spend the brunt of their time in precepted clinical experiences, where they will receive dedicated supervision from seasoned PNPs and psychiatrists whose own clinical schedules are reduced in order to provide individualized supervision throughout the day. Residents will also work in mentored and specialty rotations, where they will gain experience providing care to a diversity of clients, with regular supervision and support.
- In all these clinical experiences, residents will gradually build their caseloads, in order to avoid the “sink or swim” situation that newly graduated PNPs typically encounter.
- Our PNP Residency Program also encourages leadership and the ability to tackle larger issues related to mental health care. Residents take part in weekly didactic sessions and QI experiences to help them identify and address larger trends impacting mental health care.
- In order to provide you with a diversity of clinical experiences, the residency will include different settings and populations. Residents should be willing and able to travel to different sites throughout our agency (when possible, depending on covid-19 related restrictions). For example, residents may work at our programs in Riverdale, Bronx, and in Midwood, Brooklyn.

Please note that we require that, upon completion of the year-long residency, resident graduates will work at the agency for at least a year as a full time employed PNP.

Residents are paid competitive salaries, with full benefits. Salaries are commensurate with the reduced caseload as part of the residency program.

Candidates will be interviewed by our Residency Staff. We will contact you to schedule interviews

### **Application Requirements:**

1. Completed Application
2. Curriculum vitae (CV)
3. Three letters of reference. Please submit at least one letter that specifically addresses your capabilities and interests related to this Residency Program.

Please email your application and related materials to:  
[pnpresidency@jbfcs.org](mailto:pnpresidency@jbfcs.org)  
You can also email questions to this 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):

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>	<input type="text"/>	<i>State:</i>	<i>Zip:</i>

### 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):			

**Registered Nurse License Information**

RN License #:

RN License State:

**Professional Reference**

Please list the names and addresses of the individuals writing your reference letters below. Please note you must submit three reference letters written by these individuals, as part of your application. Please provide these individuals' titles, which should be similar to the title examples listed below:

- Program director (of your graduate nursing program)
- Professor, instructor, etc. (from your graduate nursing program)
- Clinical Preceptor, or Clinical Supervisor (from rotation in your grad nursing program)
- Supervisor (from your work as a RN)

**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. I will notify the Jewish Board 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 Jewish Board, 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 Questions A, B, & C

Please submit responses to the following Essay Questions A, B & C. These essays are an opportunity to communicate your personal qualifications, interests, and motivations for acceptance to the residency. Additional space is available for each question at the end of this application, if needed.

Essay Question A: We are particularly interested in candidates with diverse backgrounds, life experiences, interests, and passions. What personal, professional, educational and clinical experiences have led you to pursue a career as a psychiatric nurse practitioner?

**Essay Question B.**

Please use essay question B. to reflect upon and communicate your personal statement of qualifications, interest, and motivation in acceptance to this Residency. Additional space is available at the end of this application if needed.

B. What are your goals for the PNP Residency Program, including your aspirations for your short and long term career development?

## Essay Question C.

Please use essay question C. to reflect upon and communicate your personal statement of qualifications, interest, and motivation in acceptance to this Residency. Additional space is available at the end of this application if needed.

C. Part 1: Describe a clinical case(s) that demonstrates your ability to provide excellent care, e.g. critical thinking skills, making differential diagnoses, resourcefulness and working around barriers, choosing among different med options, engaging client in a person-centered manner, coordinating with providers and client supports, providing medically safe medication, etc.  
Part 2: How would the Residency help you to further develop the skills and potential for growth that you discuss above?



Essay Question

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

Essay \_\_\_\_\_

Essay Question

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

Essay \_\_\_\_\_



Essay Question

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

Essay \_\_\_\_\_