



**CFG**  
CENTER FOR  
FAMILY  
GUIDANCE, PC



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

Training the Next Generation of Psychiatric APNs in Behavioral Health Care

*Center for Family Guidance, PC (CFG), one of New Jersey's most respected behavioral health care providers, is pleased to announce that it is accepting applications for the Psychiatric Nurse Practitioner Residency Program. There are Fall and Winter sessions available.*

CFG is committed to leadership, transformation, and innovation in health care. CFG has developed new models and programs designed to resolve clinical, systemic, technological and operational barriers to ensure full access to effective health care for all individuals. This residency is designed for new psychiatric nurse practitioners with a commitment to developing career practices in the challenging setting of the long term patient partial care and/or special populations. The Psychiatric Nurse Practitioner Residency has the following three goals:

- Prepares the Psychiatric APN to assume a leadership role and responsibility for the integrated health care and well-being of complex underserved populations across the life span and in multiple settings.
- Building upon the education and practice base acquired in the educational program leading to certification, the Residency will develop the clinical and professional confidence necessary for efficient, effective and productive practice as a lead member of the health care team.
- Increase the number of Psychiatric Nurse Practitioners choosing to build long-term careers, and their capability for leadership positions within those organizations and within the healthcare system of the future.

### **Application Requirements:**

1. 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.
2. Transcripts - BSN (or equivalent) and MSN (if completed)
3. CV

If you have any questions or difficulties, please don't hesitate to email [Dedra Lombardi, Director of Hospital Services, CFG, PC](mailto:dlombardi@cfgpc.com) at [dlombardi@cfgpc.com](mailto:dlombardi@cfgpc.com)



# APN Residency Program Application

## 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>
<i>Gender</i>	Male <input type="radio"/> Female <input type="radio"/>	<i>Social Security</i>	<input type="text"/>
<i>Birth Date</i>	<input type="text"/>	<i>NPI</i>	<input type="text"/>
<i>Birth Place</i>	<input type="text"/>	<i>Ethnicity</i>	<input type="text"/>
<i>Marital Status</i>	<input type="text"/>	<i>Spouse's Name</i>	<input type="text"/>

## 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/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>From Date (mm/yy)</i>	<i>To Date (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>To Date (mm/yy)</i>

## For Non US 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 the 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"/>



# APN Residency Program Application

## Education

List undergraduate, graduate and professional education below.

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

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

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<i>City</i>	<i>State</i>	<i>Zip</i>	
<i>Phone</i>	<i>Fax</i>	<i>Country</i>	
<i>From (mm/yy)</i>	<i>To (mm/yy)</i>		



# APN Residency Program Application

## Professional Reference

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

- Training Director Recommendation
- Department Chair Recommendation
- Professional Reference Information: These references must have current knowledge of your clinical competence, and have known you for at least one year.

### Professional Reference

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

### Professional Reference

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

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<i>Institution/Relationship</i>	<i>Specialty</i>	
<i>Address Line 1</i>		
<i>Address Line 2</i>		
<i>City</i>	<i>State/Zip</i>	
<i>Contact Phone</i>	<i>Fax</i>	
<i>Email</i>		



# APN Residency Program Application

## 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*



## APN Residency Program Application

### Essay Question

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to CFG 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? What are your aspirations for a Residency program? Please comment upon your vision and planning for your short and long-term career development.



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B. What are the goals that you are looking to accomplish during your residency at CFG? Please identify specific areas of interest by lifecycle, age, or setting that you would like to develop increased mastery, competence, or confidence in.



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C. CFG's Residency for Psychiatric Nurse Practitioners is a newly implemented concept, and such, will require the residency class to participate to some degree as "co-creators" of this model. Please comment on your personal qualities and strengths that you think will contribute positively to this experience. What apprehensions, concerns and hesitations might you have? Please feel free to be straightforward.





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D. Tell us about the patient population you want to provide care for and why?



**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 \_\_\_\_\_



**Essay Question**

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

Essay \_\_\_\_\_