



Application Instructions

MGH Fellowship Program in Rural Health Leadership

Thank you for your interest in the Advanced Practice Practitioner Fellowship Program in Rural Health Leadership. The fellowship is designed for physician assistants and nurse practitioners with an interest in outpatient primary care. This fellowship is **part-time**, requiring 25% of your time and effort. Details about the fellowship may be found on our website, <https://www.massgeneral.org/medicine/education/fellowship.aspx?id=223>.

We manage application materials electronically. Please arrange materials including letters of recommendation to be emailed to the program at ruralmedicine@mgh.harvard.edu. We will confirm receipt. Please direct questions about the program or the application to Fellowship Co-Director Matthew Tobey at matthew.tobey@mgh.harvard.edu.

Application checklist:

1. **A completed application form (this document)**
2. **A CV**
3. **Three letters of recommendation, electronic or scanned, two of which are from direct clinical supervisors**

Applications will be accepted from **Thursday, 11/8/18 to Monday, 1/31/19**. Interviews and acceptances will be offered on a rolling basis.

Please note that this fellowship requires your full commitment to

- High standards of professionalism in all settings
- Reducing your other commitments to devote at least 25% of your time to fellowship activities
- Annual completion of five or six two-week blocks at our clinical partner site
- Readiness for clinical credentialing with our partner community
- A three-year commitment

The program encourages applications from individuals from underrepresented minority groups and individuals from rural areas.



Massachusetts General Hospital

Advance Practice Practitioner Fellowship Program in Rural Health Leadership

Application form for fellowship period starting 2019

I. Personal / Contact Information (* = *required*)

*Name in full (last, first middle):

Former names:

*Email Address:

*Address for Correspondence:

Other Address:

*Contact Telephone Number:

Other Telephone Numbers:

Fax Number:

Name of Spouse/Partner If Applicable:

*Emergency Contact Name:

*Emergency Contact Number:

*Date of Birth:

*Last Four Digits of SSN:



*Yes/No : Are you a US citizen, a non-citizen US national, or permanent resident (I-551 or I-151)?

[If No: if you have not already, please contact our program immediately to discuss visa status.]

*Yes/No: Are you licensed to practice in outpatient primary care?

II. Education, Licensure

*Please include all educational programs since high school **in the attached CV**, including dates of attendance, degrees and honors.*

*Please include all clinical work including position, location, dates, and type of clinical position **in the attached CV**.*

*Please include a description of your current position **in the attached CV**.*

*Please describe up to 5 experiences relating to rural health or health care for underserved/vulnerable groups. Please **use 100 words or less** to name and describe each experience, along with dates and approximate hours served.

Experience 1:

Experience 2:

Experience 3:

Experience 4:

Experience 5:



*Yes / No: Have your privileges at any health care facility ever been denied, limited, suspended, revoked, or not renewed? And/or have you ever been denied membership or a renewal therein or been subjected to disciplinary proceedings in any clinical facility, clinical group or professional organization?

If yes, please give full details on a separate page.

*Yes/No: Has your license to practice in any jurisdiction ever been limited, suspended, or revoked?

If yes, please give full details on a separate page.

*Yes/No: Have you ever voluntarily relinquished your license?

If yes, please give full details on a separate page.

*Yes/No: Have you failed any certification examinations for your field?

If yes, please list exams and dates here:

*Please list all current and past clinical licenses:

III. CV Supplement

(CV Supplement, if needed) Please list key educational/teaching activities, publications, presentations, awards, honors and grant receipts in your CV. You may optionally list additional notable items here:

IV. Fellowship plan

Please describe, in 200 words or less, how you would decrease your workload to be able to devote 25% of your time to the fellowship. Please describe in detail how you intend to obtain availability to devote 10-12 weeks of clinical effort annually at our rural clinical partner site, split into two-week rotations. Please address the three-year fellowship time commitment.



IV. References

Please list the name, title, and email address or phone number of your three letter writers.

*Letter writer 1:

*Letter writer 2:

*Letter writer 3:



V. Statement of Interest:

Please write a ≤ 250 -word statement regarding your interest in work with rural, underserved and/or vulnerable communities. Consider addressing interests in clinical care, health systems, social justice or research, along with corresponding career goals or personal experiences. This is intended to be a brief summary of your career/personal interests and not comprehensive.



VI. Attestation:

I certify that, to the best of my knowledge and belief, all of my statements are true, complete, and made in good faith.

Candidate's name (serves as signature):

Date: