

# Palliative Medicine APP Fellowship

## Checklist of Required Documents to Submit

- Palliative Medicine APP Fellowship – Application
- Attach Curriculum Vitae
- Attach a typed one-page statement of your interest in palliative medicine postgraduate fellowship training
- Attach a copy of BLS certification card or certificate; active RN license if applicable
- Attach a recent professional headshot or passport-sized photograph
- NP/PA graduate transcripts (unofficial transcripts accepted for current student applicants)
- Three letters of recommendation (must be typed on official letterhead, signed and dated within the last year)
- Please combine your application and all relevant documents into one PDF document for submission

## New graduates with no NP/PA experience must submit the following:

- One letter of recommendation from a physician
- One letter from a faculty member of your graduate program (advisor, professor)
- One letter from someone of your choice (APP preceptor, mentor, etc.)

## Those with prior NP/PA experience must submit the following recommendations:

- One from a physician
- One from a peer (NP, PA, clinical nurse, other professional colleague)
- One from someone at a supervisor level (manager, medical director, APP lead)

## Application Submission Instructions

Hetal Patel, APRN  
Lead APRN Palliative Care of AH South Division  
Program Director APP Palliative Care Fellowship

Lucielle Gallo, Practice Manager Palliative Care

Please submit your completed application packet and any questions via email to [AHMG.CFL.PalliativeCareFellowship@AdventHealth.com](mailto:AHMG.CFL.PalliativeCareFellowship@AdventHealth.com)

## Application Period

January 1-July 15: Applications Open

August: Interviews

September: Applicants Selected and Notified

January 2023: Fellowship Begins



# Palliative Medicine APP Fellowship

Application

---

**Demographic information**

.....

**Name**

.....

**Current Address**

**Phone Number**

.....

**Email Address**

**Languages Spoken**

.....

**Have you ever been convicted of a crime other than a traffic violation?  
If yes, please list date, conviction and court.**

.....  
.....  
.....  
.....

---

**Education**

*If currently in school*

.....  
**Name of School**

.....  
**Address**

.....  
**Anticipated Graduation Date**

**Previous Education (List most recent first, include nursing/PA school, undergraduate, etc.)**

Institution	Dates of Attendance	Degree	Date Degree Awarded

---

**Employment**

Organization	Position	Dates of Employment

NP/PA Experience (may list rotations/clinical)

Organization	Position	Dates of Employment

Nursing Licensure

State	License Number	Date Issued	Date of Expiration

NP/PA Licensure

State	License Number	Date Issued	Date of Expiration

Honors, Awards, Societies

.....

.....

Research Projects/Participation, Publications

.....

.....



I declare that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand AdventHealth may request additional information from the above-named institutions and references regarding my candidacy. I understand that misrepresentation of facts called for on this application will result in rejection or dismissal after the fellowship begins.

.....  
**Print Name**

.....  
**Signature**

.....  
**Date**