

Otolaryngology | Head and Neck Surgery

APP Fellowship

Checklist of Required Documents to Submit

- APP Fellowship Application
- Curriculum Vitae or Resume
- One Page State of Interest in Postgraduate Fellowship Training
- BLS and ACLS Certification
- Copy of National Board Certification in respective APP Specialty
- NP/PA Graduate Transcripts (unofficial transcripts accepted for current student applicants); minimum GPA of 3.5 upon successful completion of Master's Program
- Three Letters of Recommendation (see below)

Please combine your application and all relevant documents into one PDF document for submission

New APP Graduates Letter of Recommendation Requirements:

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

APPs with Prior Experience Letter of Recommendation Requirements:

- One letter of recommendation from a physician who has worked with you clinically
- One from an APP peer
- One from individual in supervisory role (medical director, APP lead, or similar)

2026 Fellowship | Important Dates

January 2 - April 4: Application Period

April 4: Application Submission Deadline

April 28 - June 13: Interviews

June 16: Applicant Selection and Notification

June - October: Credentialing Period

November 3: Fellowship Begins

For questions and more information, please contact us at the AdventHealth Office of Advanced Practice.

Please submit your application and all relevant documents via email to OfficeofAdvancedPractice@AdventHealth.com.



APP Fellowship

Application

Demographic information

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Name

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Current Address

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Phone Number

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Email Address

Languages Spoken

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

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Education

If currently in school

Name of School

Address

Anticipated Graduation Date

Previous Education (Graduate and Undergraduate Programs)

Institution	Dates of Attendance	Degree	Date Degree Awarded

Employment

Organization	Position	Dates of Employment

NP/PA Experience (may list rotations/clinicals)

Organization	Position	Dates of Employment or Clinical Rotation

NP/PA Licensure

State	License Number	Date Issued	Date of Expiration

Nursing Licensure

State	License Number	Date Issued	Date of Expiration

Honors, Awards, Societies

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Research Projects/Participation, Publications

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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.

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Print Name

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Signature

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Date