

# Hematology and Oncology | APP Fellowship

## Application

### 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

**July 7 - Oct 31, 2025:** Application Period

**October 31:** Application Submission Deadline

**Fall 2025:** Interviews

**January 5, 2026:** Candidate Selection Announced

**TBD:** Credentialing Period

**April 6, 2026:** 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](mailto:OfficeofAdvancedPractice@AdventHealth.com).**



# APP Fellowship

## Application

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### 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**

.....  
**Signature**

.....  
**Date**