

## Family Nurse Practitioner Residency Training Program Application

Sun River Health will be accepting applications for the Family Nurse Practitioner Residency Program with a focus on rural/migrant health. **The class of 2026-27 will begin in September 2026.**

Sun River Health is committed to leadership, transformation, and innovation in health care, we are also well versed in NP Residency Program structure and curriculum from our previous experience from 2017- 2020. This residency is designed for new nurse practitioners with a commitment to developing career practices in the challenging setting of the FQHC and/or with special populations.

There is a one-year employment commitment after completion of the program. The Family Nurse Practitioner Residency Program has the following three goals:

- Prepare Nurse Practitioners to assume full responsibility for the primary care of complex underserved populations across all life cycles and in multiple settings, focusing on suburban areas, as well as care for rural communities and migrant workers
- Develop the clinical and operational confidence necessary for efficient, effective, and productive practice as a member of the health care team in a FQHC by building upon the education and practice base acquired in the educational program leading to certification as a Nurse Practitioner
- Increase the number of Nurse Practitioners choosing to build long-term careers in FQHCs, and building their capacity for leadership positions within those organizations and within the healthcare system of the future

### Application Requirements:

1. All applicants are required to fill out the attached Sun River Health Application for Family Nurse Practitioners. ***All Personal Statement Questions found at the end of attached application (# 1 - 4) must be completed for consideration.***
2. Current CV
3. Three letters of recommendation. Letters should be from any of the following individuals: Graduate Program Director (1), Clinical Preceptor (2), and Manager from a current or previous position (3). All letters of recommendation **MUST** be on formal letterhead.  
***Please be sure that at least one letter specifically addresses your capabilities and interests related to this Residency Program focused on rural/migrant health.***



# Sun River Health

## Family Nurse Practitioner Residency Training Program Application

### Application Requirements:

Type or legibly print all responses and complete the application in its entirety.

**COMPLETE ADDRESS AND TELEPHONE NUMBERS ARE REQUIRED WHERE INDICATED.**

**ALL DATES MUST BE INCLUSIVE (MONTH & YEAR).**

All questions must be answered and you may not indicate "SEE CV" for a response.

If a question is not applicable note "N/A."

Attach additional sheets if there is insufficient space on the application for your response.

ALL the following items are required or your application will be incomplete. Current copies of the following documents must accompany your application.  
Please make sure all copies are legible.

- \_\_\_\_\_ CV with MONTH & YEAR for WORK & EDUCATION history sections
- \_\_\_\_\_ CV must show a five (5) year work history MONTH & YEAR format
- \_\_\_\_\_ If applicable, written and signed explanation of any gaps in work history over three (3) months
- \_\_\_\_\_ Copy of New York RN license
- \_\_\_\_\_ Copy of New York APRN license
- \_\_\_\_\_ Copies of license(s) from any other state
- \_\_\_\_\_ Federal DEA certificate
- \_\_\_\_\_ ANCC/AANP certification or evidence of eligibility for certification
- \_\_\_\_\_ Copy of driver's license
- \_\_\_\_\_ Professional diploma (BSN, MSN) AND official graduate school transcripts
- \_\_\_\_\_ Three (3) letters of recommendation from professional references (supervisor, program director, chairman of department, CMO).
- \_\_\_\_\_ If applicable, non U.S. residents must provide a copy of their permanent resident card/VISA/proof of eligibility to work in U.S.

**Electronic applications should be emailed to [npresidency@sunriver.org](mailto:npresidency@sunriver.org).  
Simply download the PDF, complete all fields, save, and attach to the email.**

Licensing and credentialing materials (i.e., Board Certification, NY licenses, and DEA certificate) are not required when applying, simply write "pending" if that is the case.

They are required prior to the start of residency on September 1, 2026.

**Family Nurse Practitioner Residency Training 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>

Birth Date:

**Home Address**

Please enter your home address in full.

Home Address Line 1:

Home Address Line 2:

City:  State:  Zip:

**Other Names**

Please enter any other names by which you have been known by or those appearing on professional diploma and licensure.

<input type="text"/>	<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</i>	<i>(mm/yy)</i>	<i>To Date</i>
<input type="text"/>	<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</i>	<i>(mm/yy)</i>	<i>To Date</i>
					<i>(mm/yy)</i>

**For non-U.S. 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 level

<i>Language 1</i>	<input type="text"/>	<i>Fluency</i>	<input type="text"/>
<i>Language 2</i>	<input type="text"/>		<input type="text"/>
<i>Language 3</i>	<input type="text"/>		<input type="text"/>

## Family Nurse Practitioner Residency Training 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>Contact 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>Contact 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>Contact Phone:</i>	<i>Fax:</i>				<i>Country:</i>
<i>From (mm/yy):</i>	<i>To: (mm/yy)</i>				

## Family Nurse Practitioner Residency Training Program Application

### Professional References

Please list the names and addresses of three professional references (I.E., program director, direct supervisor, medical director, CMO) who can attest to your clinical competence currently and over the past three to five years.

#### Professional Reference

Name:	Years Known:	From: ___/___/___ To: ___/___/___	
Institution/Relationship:	Specialty:		
Address Line 1			
Address Line 2			
City:	State:	Zip:	
Contact Phone:	Fax:		
Email:			

#### Professional Reference

Name:	Years Known:	From: ___/___/___ To: ___/___/___	
Institution/Relationship:	Specialty:		
Address Line 1			
Address Line 2			
City:	State:	Zip:	
Contact Phone:	Fax:		
Email:			

#### Professional Reference

Name:	Years Known:	From: ___/___/___ To: ___/___/___	
Institution/Relationship:	Specialty:		
Address Line 1: Address			
Line 2:			
City:	State:	Zip:	
Contact Phone:	Fax:		
Email:			

**Family Nurse Practitioner Residency Training Program Application**

**Application Attestation**

I attest that all information provided in this application is true and completed 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. I understand this submission must be dated and signed by me.

--	--	--

*Electronic Signature – Type full name*

*Last 4 digits of SSN*

*Date*

**Family Nurse Practitioner Residency Training Program Application**

***~Personal Statement Questions ~***

*Personal Statement question #1 of 4*

*(All four of the following questions are required for completion of this application).*

Please submit responses to all four of the following Personal Statement questions. This is an opportunity to reflect upon and communicate to Sun River Health your personal statement of qualifications, interest, and motivation in acceptance to the Residency. Additional space is available at the end of this application.

**Personal Statement Question # 1**

**1. What personal, professional, educational, and clinical experiences have led you to choose nursing as a profession, and the role of a family 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.**

## Family Nurse Practitioner Residency Training Program Application

### Personal Statement Question # 2

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

**Family Nurse Practitioner Residency Training Program Application**

Personal Statement Question #3

**3. Tell us why you want to provide care for suburban and rural communities, as well as migrant workers.**

**Family Nurse Practitioner Residency Training Program Application**

Personal Statement Question # 4

**4. Please describe your desire to train in a Community Health Center setting as well as your long-term commitment to practicing as a primary care provider.**

Empty response area for the personal statement question.



## Family Nurse Practitioner Residency Training Program Application

### Personal Statement Question

Use this additional space to continue your essay. Please indicate Essay Question # 1, 2, 3 or 4.

Essay # \_\_\_\_\_

**Family Nurse Practitioner Residency Training Program Application**

Personal Statement Question

Use this additional space to continue your essay. Please indicate Essay Question 1, 2, 3 or 4.

Essay # \_\_\_\_\_

**Family Nurse Practitioner Residency Training Program Application**

**Personal Statement Question**

Use this additional space to continue your essay. Please indicate Essay Question 1, 2, 3 or 4.

Essay # \_\_\_\_\_

**Family Nurse Practitioner Residency Training Program Application**

Personal Statement Question

Use this additional space to continue your essay. Please indicate Essay Question 1, 2, 3 or 4.

Essay # \_\_\_\_\_