



Nurse Practitioner Fellowship in Oncology Application

I. General Information

Use this form to apply for full time appointment to the Nurse Practitioner Fellowship in Oncology at Sylvester Comprehensive Cancer Center. Complete this application and submit with required documents to be considered.

Required Documents

- Application Form** – Completed form with original signature
- Three Letters of Recommendation** – Letters must reflect clinical performance and must be from a person qualified to comment on your qualifications in your patient care setting. One must be from a current/supervising physician or advanced practice professional supervisor or preceptor. New graduates are required to submit one letter from their graduate program clinical faculty member. Other recommendation(s) may be from applicant's professional peers.
- Statement of Intent** – One typewritten page describing career goals and motivation for pursuing the Oncology Fellowship and how it will enhance your career.
- Curriculum Vitae**
- College Transcripts (unofficial/official)**

II. Program Requirements

- A. A Fellowship Coordinator will contact you to arrange for telephone or face to face interview. Following selection of final candidates an on-site interview will be required if initial was completed via telephone.

III. Policies Regarding Fellowship Appointment

- A. University of Miami, Sylvester Comprehensive Cancer Center will conduct a background check.
- B. HR Policies for University of Miami, Sylvester Comprehensive Cancer Center employees at <http://www.miami.edu/index.php/hr/policies/>
- C. Appointment is contingent the fellow obtaining and maintaining Licensure as an Advanced Registered Nurse Practitioner.
- D. Completion of credentialing and privileges for Sylvester Comprehensive Cancer Center must be granted prior to commencement of fellowship.



E. The University of Miami, Sylvester Comprehensive Cancer Center is an Equal Employment Opportunity Employer and does not discriminate on the basis of race, color, nationality, gender, sexual orientation, age, religion, disability or veteran status.

IV. Biographical Information

Full Name: _____
Last Name First Middle Maiden

Current Mailing Address: _____
No. & Street Apt. No.

City State Zip Country

Phone: _____ Fax: _____

Email: _____

Permanent Mailing Address: _____
No. & State Apt. No.

City State Zip Country

Country of Citizenship: _____

If U.S. Citizen, Naturalized? Yes No If Non-U.S. Citizen, current Visa Status:

Have you ever been convicted of a felony? Yes No
If yes, give details of conviction including dates.

V. Employment History

Have you ever been employed by the University of Miami, Sylvester Comprehensive Cancer Center? If yes, list dates and department.



VI. Voluntary Information

Date of Birth (mo/day/yr): _____ Sex: Male Female

Ethnic Origin: American Indian/Native American Black, Non-Hispanic White, Non-Hispanic
 Asian/Pacific Islander Hispanic Other _____

Are you or have you ever been in the Armed Forces of the United States? Yes No

If yes, branch: _____ Dates of Service: _____ to _____

How did you hear about the Fellowship Program?

Academic Institution Professional Society Internet Search
 Friend/Professional Colleague Other _____

VII. Academic History

A. List all colleges and universities (including graduate education training) attended in chronological order, beginning with most recent institution.

Dates Attended From/To (mo/day/yr)	Institution City/State/Country	Major Field of Study	Degree	Date Awarded or Expected (mo/day/yr)



VIII. Professional Experience

Dates From/To (mo/day/yr)	Institution City/State/Country	Title

IX. Specialty Certification

Certifying Body Name	Date of Certification (mo/day/yr)	Recertification Required (yes/no)	Latest Date of Recertification (mo/day/yr)

X. Registered Nurse Licenses

A. List all active and inactive RN licenses and Advanced Practice Licenses. Submit a copy of all active licenses.

State	License Number	Year Issued	Expiration Date (mo/day/yr)

B. Has your license to practice as a Registered Nurse or Advanced Practice Nurse in the U.S. ever been denied, limited, suspended, revoked or not renewed? Yes No

C. Have any disciplinary actions been initiated or are any pending against you by any State Licensure Board? Yes No

D. Has your Federal/State controlled substances or narcotics registration ever been limited, revoked, suspended or not renewed, voluntarily or involuntarily, and is such registration subject to any pending challenge? Yes No



XI. Acknowledgment

Read the following statements carefully before signing your application:

I understand that all application forms and materials submitted to the University of Miami, Sylvester Comprehensive Cancer Center (UM/SCCC) becomes property of the institution and is not returnable. I also understand that the information submitted herein will be reviewed by Sylvester Comprehensive Cancer Center Nurse Practitioner Fellowship Admissions Committee to determine my qualifications and eligibility for appointment and training. I authorize UM/SCCC to verify any information that I have submitted. It is my understanding that any omission of requested information may jeopardize my admission. I agree to notify the Fellowship Coordinator or members of the committee of any changes in the information provided.

I certify that the information in the application is complete and correct to the best of my knowledge. I acknowledge the submission of any false or incomplete information is grounds for rejection of my application, withdrawal of any acceptance offer, appointment revocation or appropriate disciplinary action after appointment.

Signature _____

Date _____

XII. Release of Information

I hereby authorize all hospitals, schools, physicians, employers, individuals, agencies or other organizations to provide University of Miami, Sylvester Comprehensive Cancer Center (or its designee) with information to verify the information I have provided in this application and to determine my qualifications and eligibility for appointment and training. I further agree not to hold such organizations (nor individuals employed by such organizations) liable for furnishing the same.

Signature _____

Date _____

Submit all application documents to NPfellowship@miami.edu or fax to 305-243-4435