



The Piedmont Heart Physician Assistant / Nurse Practitioner Fellowship in Cardiovascular Critical Care

Instructions:

1. Complete application in its entirety and submit to:
Traci Gordon, Program Administrator
CME- Education Department
Email: traci.gordon@piedmont.org
2. Include a passport-sized photo and a copy of current CV attachments to this application.
3. Submit hard or scanned copies of ACLS and BLS cards.
4. Submit official transcripts from your PA/NP Program in a sealed envelope.
5. Submit three letters of professional recommendation. These letters can be sent electronically from the letter writers to the following email address: traci.gordon@piedmont.org
6. Program Calendar:

Residency Start Date	Revolving
Application Deadline	April 15 th & October 15 th
Selection Notification	May 1 st and Nov 1 st
Commitment to Program	1 week after acceptance



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APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone		E-mail Address	
Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever worked for Piedmont Healthcare? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, when?	
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, provide explanation:	

EDUCATION				
College		Address		
From	To	Date of Graduation	Degree	
College		Address		
From	To	Date of Graduation	Degree	
PA Program		Address		
From	To	Date of Graduation	Degree	NCCPA Number

LETTERS OF REFERENCE			
List three professional references who will each need to submit a letter of support for your application. One letter must be from your Program Director and one from a preceptor.			
Full Name		Relationship	
Company	Phone	()	
Address			
Full Name		Relationship	
Company	Phone	()	
Address			
Full Name		Relationship	
Company	Phone	()	
Address			

PREVIOUS EMPLOYMENT AND/OR MEDICAL EXPERIENCE: Include all employment experiences (post-high school) and account for any gaps in employment.			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
Company	Phone	()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
Company	Phone	()	
Address		Supervisor	
Job Title			



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Responsibilities		
From	To	Reason for Leaving
Reasons for gaps in employment:		

MILITARY SERVICE		
Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

Personal Statement
Describe yourself, your background, and why you desire a career in Inpatient Cardiology.

DISCLAIMER AND SIGNATURE	
Authorization & Verification Agreement	
<p>I hereby authorize Piedmont Healthcare and Mercer University, the medical staff(s) at Piedmont Healthcare and Mercer University, facilities, and their representatives to consult with administrators and members of the medical staff of other hospitals or institutions with which I have been associated and with others, including past and present malpractice carriers, who may have information bearing on my clinical competence, character and ethical qualifications. I also consent to the inspection by Piedmont Healthcare and Mercer University, the medical staff(s) at Piedmont Healthcare and Mercer University, facilities and its representatives of records and documents that may be material to an evaluation of my qualifications for staff membership. I hereby release from liability any and all individuals and organizations who provide, in good faith, information to Piedmont Healthcare and Mercer University, or medical staff(s) at Piedmont Healthcare and Mercer University, and I hereby consent to their release of such information to all personnel involved in the credentialing process at any other facility to which the applicant has applied and which is a part of the Piedmont Healthcare and Mercer University.</p> <p>I understand that additional information concerning my health may be required for the consideration of this application, and that my health as it relates to my ability to perform my medical staff duties appropriately will be an ongoing consideration. I agree that my activities as a member of the medical staff will be bound by the provisions of the Institutional Bylaws, Rules and Regulations, and Code of Conduct. I understand that any significant misstatement in or omission from this application will constitute cause for immediate denial of Appointment or summary dismissal from this Program.</p> <p>I consent to the release of information provided in this application to any insurance plan in which Piedmont Healthcare and Mercer University, or a component Piedmont Healthcare and Mercer University, is a participating entity, subject to Piedmont Healthcare and Mercer University, receiving from the plan an authorization for the release of such information, which I have executed. I hereby declare that the statements in this application and all attachments hereto are complete and accurate.</p>	
Electronic Signature	Date