

**Supportive Care Service
Department of Medicine, Memorial Sloan-Kettering Cancer Center
Application for Hospice & Palliative Care Advanced Practice Provider Fellowship**

Instructions:

- Attach current *curriculum vitae*.
- Attach a copy of your current New York State License (applicants must be eligible for New York State RN Licensure and New York State Nurse Practitioner licensure, or the equivalent Physician Assistant licenses).
- Enclose a 1-page personal statement of your current involvement with cancer patients and how you will use the knowledge and experience gained through the Palliative Care Fellowship in your future work.
- Submit three letters of reference, two of which should be from medical/nursing Chiefs of Service or recent work/clinical supervisors. One letter must be from a physician. All LoR should be addressed as stated below:

Nicole Zakak, MS, RN, CPNP, CPHON

Associate Director, APP Quality and Professional Development
Memorial Sloan Kettering Cancer Center

- Letters **cannot be handwritten** – must be typed and sent in .pdf format
 - Letters **cannot be “to whom it may concern”** and must be on **official letterhead** and **dated/signed**
 - Letters must be **sent directly** to Kara McGee, NP, ACHPN via email (mcgeek@mskcc.org)
 - Note: if offered a fellowship position, your recommenders may be asked to re-submit directly to Nicole Zakak during the credentialing process in addition to completing an online skills survey.
- Completed application with optional photo attached should be emailed in **one .pdf document** by January 1st, 2021. Other than reference letters, please **do not** submit any application components separately.

Kara McGee, NP, ACHPN

Program Director, APP Fellowship in Hospice and Palliative Care
Supportive Care Service, Memorial Sloan-Kettering Cancer Center
1275 York Avenue, Box 496,
New York, New York, 10065; e-mail mcgeek@mskcc.org

Date available:	
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Last name, first name:	
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Current Title:	
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Current Address:	
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Telephone #:	
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Name/address of current school or employer:	
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Anticipated Graduation Date (if applicable)	
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Education: (List consecutively, beginning with college. Include nursing/PA school):

Institution	Dates of Attendance	Degree	Date Degree Awarded

Nursing/PA Experience:

Position	Institution	Dates

List any pain and palliative care programs attended/given in the past 5 years:

Honors, Awards, Honorary Societies:

Participation in Nursing/PA Research:

Publications:

Nursing Licensure:

State	Serial No	Date of Issue	Date of Expiration

Nurse Practitioner/PA Licensure

State	Serial No	Date of Issue	Date of Expiration

Graduate of Foreign Nursing Program?	YES	NO
Visa Status:	Alien Registration Number:	
Citizenship:	Dates:	

Social Security Number:	
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Languages read fluently:	
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Languages spoken fluently:	
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Have you ever been convicted of a crime other than a traffic violation?

YES	NO
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If yes, state each crime and date of conviction and in which Court:

I declare that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that Memorial Hospital 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 be cause for rejection of the application or dismissal after training commences.

Signature:	
Date:	