Advanced Practice Provider Residency Training Program

at **Yakima Neighborhood Health Services**

Yakima Neighborhood Health Services of Yakima, Washington, is pleased to announce that it is accepting applications for their **Advanced Practice Provider Residency Training Program**. The class of 2025–2026 will begin in September 2025.

Yakima Neighborhood Health Services is committed to leadership, transformation, and innovation in health care. This residency is designed for new Nurse Practitioners and Physician Associates with a commitment to developing career practices in the challenging setting of the FQHC and/or special populations. The Advanced Practice Provider Residency Training Program has the following three goals:

- **Prepares Nurse Practitioners and Physician Associates to assume full responsibility for primary care of complex underserved populations, across all life cycles and in multiple settings while addressing targeted needs of agricultural workers, people experiencing homelessness, and residents of public housing**
- **Building upon the education and practice base acquired in the educational program leading to certification as a Nurse Practitioner and/or Physician Associate, the residency will develop the clinical and operational confidence necessary for efficient, effective and productive practice as a member of the health care team in a FQHC**
- **Increase the number of Nurse Practitioners and Physician Associates choosing to build long-term careers in FQHCs, and their capability 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 Yakima Neighborhood Health Services Application for Family Nurse Practitioners and Physician Associates.
2. Please submit responses to the following questions. This is an opportunity to reflect upon and communicate to Yakima Neighborhood Health Services your personal statement of qualifications, interest, and motivation in applying to this Residency.
   A. What personal, professional, educational and clinical experiences have led you to choose nursing as a profession, and the role of a Family Nurse Practitioner or Physician Associate 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.
   B. What are the goals that you are looking to accomplish during your residency at Yakima Neighborhood Health Services? Please identify specific areas of interest by life cycle, age, or setting that you would like to develop increased mastery, competence, or confidence in.
   C. Tell us about why you want to provide care in an FQHC setting and/or for special populations.
3. As one of, or in addition to the three letters of recommendation that you will be supplying with the application, please submit at least one letter that specifically addresses your capabilities and interests related to this Residency Program.

For more information, please contact **npresidency@ynhs.org**

www.ynhs.org

YAKIMA *Neighborhood Health*

Advanced Practice Provider Residency Training Program

at **Yakima Neighborhood Health Services**

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", etc., 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. As indicated by the ✔ below, 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
- ✔ If applicable, written and signed explanation of any gaps in work history over three (3) months
- ✔ Copy of Washington RN license
- ✔ Copy of Washington APRN license
- ✔ Copy of Washington PA 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.

Licensure and credentialing materials (i.e. Board Certification, WA licenses, and DEA license) are not required when applying, simply write "pending". They are required prior to the start of residency on September 1, 2025.

Electronic applications should be emailed to **npresidency@ynhs.org**.
Simply download the PDF, complete all fields, save, and attach to the email.

For more information, please contact **npresidency@ynhs.org**

www.ynhs.org

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APP Residency Program Application

General Information

Please complete all relevant fields.

First Name	Middle Name	Last Name	Suffix

Contact Email Address	Cell Phone	Home Phone

Gender (Optional): Male: ☐ Female: ☐ Other: ☐

Ethnicity (Optional): _____ Race (Optional): _____

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 including those appearing on professional diploma and licensure.

Other First Name	Other Middle Name	Other Last Name	From Date (mm/yy)	To Date (mm/yy)

Other First Name	Other Middle Name	Other Last Name	From Date (mm/yy)	To Date (mm/yy)

For Non U.S. Citizens

Please provide information on your immigration status.

Country or Citizenship	Visa	Visa Number	Visa Date

Language(s)

Please list all non English languages spoken and level of fluency.

Language 1:		Fluency:	
Language 2:		Fluency:	
Language 3:		Fluency:	

YAKIMA Neighborhood Health

APP Residency Program Application

Education

List undergraduate, graduate and professional education below.

Education Type:

Degree Earned:

Institution Name:

Address Line 1:

Address Line 2:

City: State: Zip:

Phone: Fax: Country:

From (mm/yy): To: (mm/yy):

Education Type:

Degree Earned:

Institution Name:

Address Line 1:

Address Line 2:

City: State: Zip:

Phone: Fax: Country:

From (mm/yy): To: (mm/yy):

Education Type:

Degree Earned:

Institution Name:

Address Line 1:

Address Line 2:

City: State: Zip:

Phone: Fax: Country:

From (mm/yy): To: (mm/yy):

Professional Reference

Please list the names and addresses of references as follows and based upon the definitions below:

- Program Director–graduate program
- Clinical Preceptor
- Professional Reference-preferably a manager

Professional Reference

Name:		*Reference Type:*			
Institution/Relationship:		*Specialty:*			
Address Line 1:					
Address Line 2:					
City:	*State:*		*Zip:*		
Contact Phone:	*Fax:*				
Email:					

Professional Reference

Name:		*Reference Type:*			
Institution/Relationship:		*Specialty:*			
Address Line 1:					
Address Line 2:					
City:	*State:*		*Zip:*		
Contact Phone:	*Fax:*				
Email:					

Professional Reference

Name:		*Reference Type:*			
Institution/Relationship:		*Specialty:*			
Address Line 1:					
Address Line 2:					
City:	*State:*		*Zip:*		
Contact Phone:	*Fax:*				
Email:					

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APP Residency Program Application

Application Attestation

I attest that all information provided in this Application is true and complete 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, and must be dated and signed by me.

Electronic Signature – Type full name	*Last 4 digits of SSN*	*Date*

YAKIMA Neighborhood Health

APP Residency Program Application

Essay Question

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to Yakima Neighborhood Health Services your personal statement of qualifications, interest, and motivation in acceptance to this Residency. Additional space is available at the end of this application.

A. What personal, professional, educational and clinical experiences have led you to choose primary care as a profession, and the role of a Family Nurse Practitioner or Physician Associate as a specialty practice? What are your aspirations for a Residency program? What is your vision and planning for your short and long-term career development?

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APP Residency Program Application

Essay Question

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to Yakima Neighborhood Health Services your personal statement of qualifications, interest, and motivation in acceptance to this Residency. Additional space is available at the end of this application.

B. What are the goals that you are looking to accomplish during your residency at Yakima Neighborhood Health Services? What specific areas of interest by life cycle, age, or setting would you like to develop increased mastery, competence, or confidence in?

Essay Question

Please submit responses to the following question. This is an opportunity to reflect upon and communicate to Yakima Neighborhood Health Services your personal statement of qualifications, interest, and motivation in acceptance to this Residency. Additional space is available at the end of this application.

C. Why do you want to provide care in an FQHC setting and/or for special populations?

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APP Residency Program Application

Essay Question

Use this additional space to continue your essay. Please indicate Essay Question A, B, or C.

Essay _____

Essay Question

Use this additional space to continue your essay. Please indicate Essay Question A, B, or C.

Essay _____

Essay Question

Use this additional space to continue your essay. Please indicate Essay Question A, B, or C.

Essay _____