

# **Community Health Immersion Clinical Application**

Thank you for your interest in PCC Community Wellness Center's Community Health Immersion Clinical (CHIC) for family nurse practitioner students.

The CHIC is a structured, agency-based, year-long clinical rotation for family nurse practitioner students that desire a future practice in community health. The CHIC experience matches family nurse practitioner students with a primary practice site that will serve as the student's home clinic. Once established in his/her clinical practice at this site, students will rotate to other PCC sites and service areas.

In addition to direct-care clinical hours, CHIC participants will meet periodically to review clinical issues and cases and participate in provider meetings. Depending on their program requirements, students will also be expected to participate in practice improvement projects, community health projects, or the Doctor of Nursing Practice (DNP) project for credit in relevant coursework.

The deadline to complete this application is March 16, 2018.

The projected start date for students accepted into the program is May 21, 2018.

#### Student Selection Criteria

The CHIC program is accepting applications from students enrolled at the University of Illinois at Chicago. Other students with strong community health backgrounds and strengths, may apply.

Students will be selected based on:

- Interest in and commitment to community-based primary care for underserved populations. This includes a desire to work in community health centers after graduation.
- Schedule availability All clinic sessions will be assigned to students and work schedules cannot
  necessarily be accommodated. For this reason, students that are employed full time cannot be
  considered for participation.
- Spanish language abilities A limited number of positions are available for non-Spanish speaking students. Applications from Spanish speaking students will receive stronger consideration.

Once all applications have been reviewed, PCC providers may contact applicants to discuss their application further.

# **Demographics**

Last Name	First Name
Email Address	Mobile Phone Number
FNP Program	Degree Sought
Will you be employed full-time as of May 21, 2018? Yes No (Students with full-time employment cannot be considered for this program)	
What is your projected graduation date?	
Please rate your Spanish language skills	:
Your Experience and Goals	
Briefly tell us about your nursing experience (years in practice, sites of practice, and areas of expertise).	
Tell us about why you decided to becom	ne a family nurse practitioner.

Tell us about your career goals once you become a family nurse practitioner.	
Ten us about your career goars once you become a family nurse practitioner.	
Your Preferences	
When reviewing applications for the CHIC program, we want to make sure that students are a good match for our practice. Similarly, we want to make sure our practice is a good match for you.	
Please read about our agency and our practice sites at http://www.pccwellness.org before answering the following questions.	
Which of the following is your most-preferred practice site?	
If accepted into the program, we cannot guarantee that you will be assigned to this site.	
What is your primary means of transportation to clinical sites?	

# Acknowledgments

Please review the following information and acknowledgments prior to submitting your application.

## **Scheduling**

I understand that, if accepted into the CHIC, my home site will assign a clinical schedule to me based on the number of hours required by my program. I understand that this schedule may include evenings and some weekends. I agree to prioritize my clinical learning over my employment.

I agree

# **Clinical Experience**

I understand that my preceptor will assign patients to me to support my clinical learning. Depending on the clinic day, I understand that these assigned patients may include patients for which I have not yet had classroom content on management.

I agree

### **Additional Expectations**

I understand that in addition to my direct care clinical hours, I will be expected to participate in required monthly meetings totaling 2-4 hours per month. I understand that these meetings may not be counted as direct care clinical hours.

I agree

Upon completion of this application, please save it and confirm that your responses were saved by reopening it. Then, please email this completed application along with your resume to:

Ellen Barton, APN

ebarton@pccwellness.org

Please use the subject line: "CHIC Application – [Your Last Name]"

Thank you for your application!