

## Family Nurse Practitioner Fellowship Program

Lamprey Health Care is a Federally Qualified Health Center (FQHC) with centers located in Newmarket, Raymond, and Nashua, New Hampshire. Lamprey Health Care's mission is to provide *high quality* primary medical care and health related services with an emphasis on *prevention and lifestyle management* to all individuals *regardless of ability to pay*. To read our Value Statement, visit [www.lampreyhealth.org/about/about-lamprey](http://www.lampreyhealth.org/about/about-lamprey).

Lamprey Health Care's strategic plan includes commitments to workforce development, building partnerships and a focus on quality of care. The Lamprey Health Care Family Nurse Practitioner Fellowship Program, embraces these goals in its mission to build confident and competent Family Nurse Practitioners and prepare them to practice in a patient centered primary care medical home. The goals of the Lamprey Health Care Family Nurse Practitioner Fellowship Program include:

- Increase access to primary care for the medically underserved population by increasing the number of primary care providers in community health care settings.
- Provide recent Nurse Practitioner graduates an opportunity to supplement skills learned in school under the guidance of an expert provider.
- Increase workforce retention rate of Nurse Practitioner providers working in primary care, community health and medically underserved areas.
- Improve confidence and the ability to work autonomously and increase job satisfaction of Family Nurse Practitioners.

The program will primarily operate out of the Raymond Center but will provide fellows with experience in working with patients in the Newmarket and Nashua centers. Fellows will have the opportunity to work in an integrated care setting addressing both physical and behavioral health conditions.

### Program Structure:

- Full time employment with benefits at Lamprey Health Care. (Sept 2024 – Aug 2025)
- Certified and credentialed member of Lamprey Health Care team. APRN licensed preferred by August 31, 2024.
- Precepted continuity clinics
- Mentored clinics
- Specialty rotations at other offices/clinics. Rotations may include: dermatology, women's health, adult behavioral health, child and adolescent behavioral health, orthopedics, infectious disease, cardiology, homelessness/vulnerable populations, pediatrics, geriatrics, nutrition and podiatry.
- Participation in ECHO.
- Didactic education sessions (once/week).
- Completion of a quality improvement project.
- Comprehensive evaluation process, and reflective journaling.

## To Apply:

1. Complete the application, including personal statement, by **Friday, March 1, 2024**.
2. Supply three letters of recommendation. Please submit at least one letter that specifically addresses your capabilities and interest related to this Family Nurse Practitioner Fellowship Program.

*Scanned or emailed letters:* We will accept letters of recommendation digitally providing they are; written on letterhead from the person extending the recommendation and emailed from the person extending the recommendation.

3. Provide official transcripts. If you encounter difficulties obtaining an official transcript, please contact us.
4. Provide your CV/resume.
5. Submit completed application and related attachments via email at [FellowshipInfo@lampreyhealth.org](mailto:FellowshipInfo@lampreyhealth.org).
6. The selection committee will screen applications and set up interviews, tentatively scheduled for **Wednesday, March 27, 2024**. Employment opportunities will be extended in April.

Submit application, personal statement, CV/resume electronically to [FellowshipInfo@lampreyhealth.org](mailto:FellowshipInfo@lampreyhealth.org).

Mail sealed letters of recommendation and official transcripts to:

Lamprey Health Care, Family NP Fellowship Program  
128 Route 27  
Raymond, NH 03077  
Attn: NP Fellowship Program

## Checklist:

- Completed Application Form
- Personal Statement
- Three letters of recommendation
- Official transcripts
- CV/Resume

## Questions?

For questions on the program or application process, contact us at (603) 244-7360, or email [FellowshipInfo@lampreyhealth.org](mailto:FellowshipInfo@lampreyhealth.org).

## Application for Family Nurse Practitioner Fellowship Program

Lamprey Health Care is an equal opportunity employer. The company does not refuse to hire any person or otherwise discriminate against any individual because of such person's race, color, religion, national origin, sex, sexual orientation, age, pregnancy, marital status, military or veteran status, physical/mental disability, and any other characteristics protected by applicable federal, state and local laws/regulations. No question on this application is intended to secure information to be used for such discrimination. The company will consider reasonable accommodations for any known physical, mental, or other impairments of otherwise qualified applicants to enable them to participate in our applicant screening process and to effectively perform the essential functions of their jobs, unless doing so would impose an undue hardship on the company.

### Applicant Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Education

***Please list your most recent College/University first***

College/ University: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_

College/ University: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_

College/ University: \_\_\_\_\_  
Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_

## Letters of Recommendation

Please list the three (3) professional references who will be writing letters of recommendation on your behalf.

The following types of references are acceptable: Training Director Recommendation, Department Chair Recommendation, Professional Reference (must have current knowledge of your clinical competence and have known you for at least one year.).

Letters of recommendation must be on letterhead and signed. Letters should be mailed to Lamprey Health Care, 128 Route 27, Raymond, NH 03077, Attn: NP Fellowship Program. Letters may be mailed directly by the person providing the reference. Scanned letters will be accepted through email providing the letter is written on letterhead and emailed from the person providing the reference to [FellowshipInfo@lampreyhealth.org](mailto:FellowshipInfo@lampreyhealth.org).

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you known each other? \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you known each other? \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you known each other? \_\_\_\_\_

## Personal Statement

We want to know about you. Tell us about yourself. How are you different from other potential candidates? What unique background or perspective will you bring to your practice? Our committee encourages at least 2-3 pages, as this is an essential opportunity to reflect upon your qualifications, interest, and motivation, and help us get to know the person behind the application.

Submit your personal statement in response to the following questions. Attach as a separate document.

*What personal, professional, educational and clinical experiences have led you to choose nursing as a profession and the role of a family nurse practitioner as a specialty practice? If you are practicing currently, what has led you to apply for this Fellowship? What are your aspirations for a Fellowship program? Comment upon your vision and planning for your short and long-term career development.*

*What are the goals that you are looking to accomplish during your Fellowship at Lamprey Health Care? Identify specific areas of interest by lifestyle, age, or setting in which you would like to develop increased mastery, competence, and confidence.*

*Reflect on your personal qualities and strengths that you think will contribute positively to this program. Speak to your work history within New Hampshire and your interest in practicing as a nurse practitioner in New Hampshire.*

[Grab your reader's attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

### How Did You Hear About Our Program?

- Online Search                       Through my school                       Email advertisement
- Friend or Family Member                       Social media (specify which) \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

### Background

1. Have you ever been discharged or forced to resign from any prior job?                       Yes                       No
2. Have there ever been any disciplinary actions or investigations initiated and/or closed or are there any pending against you by any state licensure board or health care facility?                       Yes                       No
3. Have you ever been arrested for or convicted of a crime that has not been annulled by a court?
- Yes                       No                      ***If yes, please explain. To help us evaluate your application, please attach as a separate document a description of the nature of the crime and your subsequent rehabilitation.***
4. Has **any** licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license, certificate or multi-state privilege held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?                       Yes                       No
5. Is there any complaint, action or challenge pending against your license in any state or jurisdiction?
- Yes                       No

***If you answered yes to questions 1-5, please attach a separate document with a detailed explanation.***

6. When do you anticipate taking the Boards? \_\_\_\_\_ If you have already taken your Boards, please ***attach a copy of the certification.***
7. Do you have any relatives working at Lamprey Health Care or on our Board of Directors?
- Yes                       No                      Please list their name(s): \_\_\_\_\_

8. Do you understand that due to the nature of the services we provide, an exceptional record of attendance, promptness, and dependability is required by all employees, and failure to meet these expectations is grounds for discipline up to and including termination of employment?  Yes  No

9. Do you further understand that willfully making false statement on this application will be cause for immediate discharge at any time?  Yes  No

10. Do you understand that Lamprey Health Care is an Equal Opportunity Employer as outlined in the Federal Civil Rights Act of 1964 and the NH Laws Against Discrimination of September, 1965, Chapter 354-A? Do you further understand that it is our policy to consider all applicants without discrimination because of race, color, religious creed, sexual orientation, sex, national origin, age, or ancestry? Also, that no qualified individual with a disability shall be subject to discrimination in our employment process?  Yes  No

11. Lamprey Health Care is committed to providing a compassionate and caring environment for those who come to us for care, and we require that this commitment be shared by every employee. If employed by Lamprey Health Care, can you, without reservation, share this commitment with us?  Yes  No

12. I understand the Fellowship will run September, 2024 through August, 2025 and the expectation is that I will complete the full term of the Fellowship.  Yes  No

### Attestation and Signature

I certify that the information contained in this application is correct and complete to the best of my knowledge. I also understand that if the information I have provided has been falsified in any way that my employment with Lamprey Health Care will be terminated.

I understand that neither this application nor any statement by any representatives of LHC constitutes an employment contract and that acceptance of employment is not a contract of employment for a specified term. If hired, I understand that I will be employed "at will" and that my employment can be terminated for any reason at any time at the option of either the company or myself. I also understand that any handbooks, manuals, policies and procedures maintained by the company are not contractual in nature and may be amended at the sole discretion of the company at any time.

I understand that completing the application does not obligate Lamprey Health Care to hire.

Applicant Electronic Signature

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Please type your full name

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Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above attestation.

Thank you for completing this application form and for your interest in Lamprey Health Care. We would like to assure you that your opportunity for employment with this organization will be based only on your merit and no other consideration.