

Checklist for Advanced Clinicians & Clinical Scholars

Instructions: Please complete, print and submit this form with your application.

We will notify you of your scheduled interview date via your partners.org email address. Please check your account regularly for information.

First Name:

Last Name:

Employee ID Number:

Please Indicate the level of practice for which you are applying:

Please Indicate your current level of practice:

Please check that you have submitted all contents of your application. All application materials must be typed (except for the Application Checklist). Place an "X" next to each item submitted:

Cover letter

Clinical Narrative (occurring within the past six months)

Resume / Curriculum Vitae

Endorsement from your manager / director (if you practice in more than one area, managers from all practices areas must sign form):

Name of director #1:

Name of director #2:

Letter of support from unit/department leadership:

Name:

Letter of support from within your discipline:

Name:

Letter of support from outside your discipline or Advanced Practice Nurse:

Name:

Signature: _____

Date: