About UR Medicine

- Serves over 120,000 patients annually from the greater Rochester area.
- NP/PA will work with faculty with a wide variety of expertise in Emergency Medicine. Fellows will be on the cutting edge of health care delivery as they train to work within the University of Rochester Medical Center, Strong West (an independent ED) and our Urgent Care centers.

Goal of the Fellowship Program

- It is anticipated that the fellows will show clinical growth, improved clinical confidence and increased preparedness to care for patients in all of these settings, by the completion of the fellowship.
- Our post graduate NP/PA Fellowship will provide additional skills training, as well as independent mentorship experience in an ED for the duration of 12 months.
- This will be an intensive clinical program which will prepare NP's and PA's to meet the needs of culturally diverse and clinically complex patients that are typical of the Emergency Department.
- Fellows will be employees of URMC and will comply with all patient care policies.

Training Methods

- Hands on training in all of the following areas:
  - Emergency Department
  - Observation Unit
  - Strong West Emergency Department
  - Comprehensive Psychiatric Emergency Program
  - Urgent Care
  - Medical ICU
  - Specialty ICUs
  - Radiology
  - Cardiology
  - Neurology
  - Orthopedics
  - EMS
  - Multiple other subspecialty experiences
Training Methods

- Simulation Lab Experiences
- Cadaver Lab Experiences
- Ultrasound Course

Required Certifications

- BLS
- ACLS
- PALS (if FNP or PA)
- ATLS
- FCCS

Program Outline

- Applications will begin to be accepted after January 1st, 2019
- Applications due March 1st, 2019
- Interview process March - April 2019
- Application acceptance notification April 2019
- Program start date: mid-August 2019
- 12 month program
- Fellows are expected to remain for an additional 12 months, after program completion as EM staff providers (upon successful completion of the 12 month program).

Benefits

- Competitive Fellowship salary
- Health insurance coverage
- Dental insurance coverage
- Life insurance policy
- Disability insurance coverage
- 5 weeks vacation/year
- 1 week CME time/year
- $1000 CME annually
- $300 book stipend
- DEA coverage
- EMRA Antibiotic guide provided
- EM Bootcamp provided
- EM Scrub Allowance
The APP Fellow **MUST** meet the following qualifications:

1) **Nurse Practitioner**
   a. Master’s degree in Nursing
   b. Active New York State licensure as Registered Nurse and Nurse Practitioner in good standing
   c. Current national certification as a Nurse Practitioner (upon start of program)

2) **Physician Assistant**
   a. Completion of an AMA approved Physician Assistant program
   b. Active New York State Physician Assistant licensure in good standing
   c. Current national certification as a Registered Physician Assistant

Applicants for the Emergency Medicine APP Fellow position should demonstrate clinical competence as well as excellent verbal and written communication skills. The APP Fellow should have excellent customer relation skills, a passion for Emergency Medicine and an active desire to learn.

**Application Process:**

1) Complete the on-line job application for the Emergency Department – APP (Nurse Practitioner/Physician Assistant) Fellowship position (Job ID #210613) located on the Human Resources/Office of Nursing Recruitment website:
   - [http://www.rochester.edu/people/nursing](http://www.rochester.edu/people/nursing)
   - **Helpful Hints:**
     1. Our software works with a variety of web browsers including, Mozilla Firefox, Opera, and Safari. We recommend you use the most current version of these browsers since using old versions may create problems when applying for jobs. If you encounter any technical problems, applicants can contact our Help Desk at (585) ASK-URHR – (585) 275-8747, Mondays through Fridays, 8:00 am – 5:00 pm.
        - Please review the completed online application carefully – the system reads your resume and attempts to automatically populate your application for you, please ensure the information was populated correctly. If you encounter problems trying to upload your resume or cut and paste your resume you may want to manually complete the application and then forward your resume to NursingRecruitment@urmc.rochester.edu Both the application and resume are required to apply.
        - While answering the questions on the 4th page, the screen refreshes after each entry you make. Please go slowly and wait 5-10 seconds after each click to allow the page to refresh before answering the next question.
     2. **Current** University of Rochester Employees **do not** need to complete an online application. Simply forward your resume to NursingRecruitment@urmc.rochester.edu
     3. Use the side bar on left to navigate through the system (i.e. Job Search Tips)
2) Please send the following items to the Emergency Medicine APP Director, Heidi Springer, FNP.
   o Current Resume or Curriculum Vitae
   o Official academic transcript to date
   o Submit 2 professional references:
     1) Request a confidential recommendation from a Nurse Practitioner/Physician
        Assistant/Physician clinical preceptor during your academic program.
     2) Request a confidential recommendation from a Faculty member from your academic
        program.
   o Letter of Interest:
     1) Provide a letter of interest which reflects on your interest in the Emergency Medicine
        APP Fellowship program, your passion for Emergency Medicine, and how this
        opportunity will impact your future as an Emergency Medicine APP. Please also
        comment on why you think this program will be a good fit for you.
3) Applications for consideration for the 2017-2018 Fellowship program are due by March 1st, 2019.
4) Candidates will be contacted in mid-March to arrange for interview
5) Return complete application to:
   o Heidi Springer, FNP
     o Mail to:
       Strong Memorial Hospital
       Emergency Department
       601 Elmwood Avenue
       Box 655A
       Rochester, NY 14642
6) Please e-mail Heidi Springer at Heidi_Springer@URMC.Rochester.edu with any questions or concerns
   about this application and the application process.
Emergency Medicine Advanced Practice Provider Fellowship Program
Reference Form

Nurse Practitioner/Physician Assistant Program: ____________________________________________

Date: ______________________________

______________________________ (name of applicant) has applied for a position in the Emergency
Medicine APP Fellowship Program at Strong Memorial Hospital in Rochester, NY.

We would appreciate your evaluation of this applicant’s general ability and professional proficiency in
academic and clinical practice. We would like to know what you consider the applicant’s strengths and
weaknesses to be. You can be assured that all information will be treated confidentially.

Please be advised that all recommendations are to be completed confidentially and recommender should be
provided an envelope to enclose their recommendation which must have a signature across the seal of the
envelope and can be submitted with the application.

I hereby authorize the release of my academic/clinical record to Strong Memorial Hospital, Emergency
Medicine Department.

Applicant Signature: ______________________________________

Applicant Printed Name: ______________________________________

*********************************************************************************

The above APP was a student in your academic/clinical setting during what period of time?

____________________________________________________________________________

In comparison with the other students in the class, how would your rank this student academically?

  Upper 10% ( )  Upper 25% ( )  Middle ( )  Lower 25% ( )  Lower 10% ( )  N/A ( )

In comparison with the other students you have worked with clinically, how would you rank this student
clinically?

  Upper 10% ( )  Upper 25% ( )  Middle ( )  Lower 25% ( )  Lower 10% ( )  N/A ( )
### Please Rate the Applicant on the Following:

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*Please include a statement about the applicant’s strengths/weaknesses and whether you feel this applicant will be a good fit for our Emergency Medicine APP Fellowship program. Please feel free to provide any additional comments.*

Recommender Signature: _________________________________________________________

Recommender Title: _____________________________________________________________

Date: ____________________

Contact Information: ___________________________________________________________
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Reference Form

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