



APPLICATION TO **AdvancingPractice** APRN Fellowship Program

AdvancingPractice is a one-year intensive training program that builds on nurse practitioner (NP) and certified nurse midwife (CNM) academic programs to prepare recently graduated NPs and CNMs to become expert clinicians as well as nursing leaders.

Admission Requirements:

- Be a recent graduate (between March 2026 and May 2027) from an accredited NP or CNM Program.
- Planning a career in community health working with diverse and under-resourced populations.
- Licensed and certified or certification/license pending upon admission to fellowship.
- Highly motivated to learn and speak Spanish through group provided training and independent study.
- Able to start the program on September 13, 2027.
- Ability to travel to all Erie Family Health Center sites including all Chicago locations, Evanston and Waukegan.
- Interest in behavioral healthcare.

Timeline

January 31, 2027	Application Deadline
11:59 PM CST	
February 2027	First Round Interviews
	(via phone call)
March 2027	Second Round Interviews
	(via WebEx)
April 2027	Applicants Notified

Application Overview/Requirements

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Checklist

Before submitting your application, please ensure that you:

- ☐ Meet all admission requirements.
- ☐ Include months and years for job or rotation on your CV and ensure there are no gaps or missing information in work history.
- ☐ Complete all answers thoroughly, regardless of whether information is included in your CV.
- ☐ Label all attachments with your last name and name of attachment (i.e., Solis_CV).

Submission

Once you have completed the application, please download, save and email to advancingpractice@eriefamilyhealth.org, attaching the required documents described on page 8.

For additional information, please contact dvelasco@eriefamilyhealth.org.

AdvancingPractice

Transforming Healthcare through Leadership, Innovation, and Excellence in Primary Care

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UIC NURSING

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GENERAL INFORMATION Please complete all relevant fields.

First Name _____ Middle Name _____ Last Name _____ Suffix _____

Contact Email Address: _____ Cell Phone: _____ Home Phone: _____

Gender Identity (optional): ☐ Female ☐ Male ☐ Trans Female (Male-to-Female) ☐ Trans Male (Female-to-Male)
☐ Other _____ ☐ Choose not to disclose Pronouns: _____

Race (check all races that apply)(optional):

☐ American Indian/Alaska Native (Including American Indians or Alaska Natives of Latino/Hispanic descent) ☐ Asian
☐ Black or African American (Including Black or African American of Latino/Hispanic descent) ☐ Native Hawaiian
☐ Other Pacific Islander ☐ White (Including Whites of Latino/Hispanic descent)
☐ Other _____ ☐ Prefer not to answer

Ethnicity (optional): ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Other _____
☐ Undetermined ☐ Prefer not to answer

Country of Origin (optional) _____

How did you find out about **AdvancingPractice**? _____

What is your specialty? ☐ Family Nurse Practitioner (FNP) ☐ Adult Gerontology Nurse Practitioner (AGNP)
☐ Pediatric Nurse Practitioner (PNP) ☐ Certified Nurse Midwife (CNM) ☐ Other _____

If you are an FNP, are you interested in prenatal care? ☐ Yes ☐ No

Mark your location preferences: ☐ Waukegan ☐ Northside Health Centers ☐ Central Health Centers ☐ Willing to move to any area

HOME ADDRESS Please enter your home address in full.

Home Address Line 1: _____

Home Address Line 2: _____

City _____ State _____ Country _____ Zip Code _____

OTHER NAMES

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 of Citizenship _____ Visa _____ Visa Number _____ Visa Date _____

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LANGUAGE(S)

Mark your Spanish language proficiency using the scale below.

Please also list any other non-English languages spoken and level of proficiency using the same scale.

Spanish Language Fluency: _____

Other Language 1: _____ Proficiency: _____

Other Language 2: _____ Proficiency: _____

Other Language 3: _____ Proficiency: _____

LANGUAGE PROFICIENCY SCALE

0 – No Proficiency.

At this lowest level, there is basically no knowledge of the language. The person may know a few words, but can't form sentences or carry on any type of conversation.

1 – Elementary Proficiency.

At this language proficiency level, a person can form basic sentences, including asking and answering simple questions. This is essentially the starting point of the language proficiency levels. This level reflects someone who is traveling to a new country and who has just begun to study a language.

2 – Limited Working Proficiency.

Someone at this level can handle basic work commands and social phrases. They can carry on limited casual conversations at the office and discuss their personal life. Someone at this level still needs help with more extensive conversations in the language. They can only operate independently in basic conversations.

3 – Professional Working Proficiency. (Professional working Spanish.)

Someone at this language proficiency level can make contributions to office meetings, have conversations with patients, and carry out most work functions requested of them. A person at level 3 can speak at a normal speed in the language and has a fairly extensive vocabulary. They likely still have an accent at this level and probably require help understanding subtle and nuanced phrasing.

4 – Full Professional Proficiency. (Full Professional Spanish.)

Someone at this level can have advanced discussions on a wide range of topics about personal life, current events, and technical topics such as business and health. Their vocabulary is extensive and they can carry on conversations with ease.

5 – Native / Bilingual Proficiency

Someone at this language proficiency level was either raised speaking the language as their native tongue or has been speaking it so long that they are completely fluent. They have little or no accent.

Adapted from the Foreign Language Service (2020) Foreign Language Training retrieved from www.state.gov/foreign-language-training

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EDUCATION

List undergraduate, graduate and professional education below.

Education Type: _____ Degree Earned: _____

Institution Name: _____

Address Line 1: _____

Address Line 2: _____

City _____ State _____ Country _____ Zip Code _____

Phone: _____ Fax: _____

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

Education Type: _____ Degree Earned: _____

Institution Name: _____

Address Line 1: _____

Address Line 2: _____

City _____ State _____ Country _____ Zip Code _____

Phone: _____ Fax: _____

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

Education Type: _____ Degree Earned: _____

Institution Name: _____

Address Line 1: _____

Address Line 2: _____

City _____ State _____ Country _____ Zip Code _____

Phone: _____ Fax: _____

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

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ESSAY INSTRUCTIONS NOTE

Please do not identify the program or university that you attend/ed for any of the essay questions. When necessary, please write "my program/university".

ESSAY QUESTION 1

Please answer the following question in the space provided (100 word maximum).

What areas of healthcare are you interested in and why?

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ESSAY QUESTION 2

Please answer the following question in the space provided (300 word maximum).

A cornerstone to the *Advancing Practice* Mission is developing APRNs who provide the highest quality primary care. Describe a time when you experienced or witnessed a lapse of quality in healthcare. This could be in your role as a student, patient or with a family member or friend. Identify the lapse in quality at either the individual or process level. Discuss a potential solution to this lapse in quality care. **IMPORTANT: Do not identify the program/university that you attend/ed. When necessary, please write "my program/university".**

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ESSAY QUESTION 3

Please read the case study below and respond to the corresponding questions in the space provided (300 word maximum).

A patient that you have been seeing for years presents in clinic for his hypertension follow up. On this particular day, you noticed he wasn't himself and asked him what was on his mind. He opened up that he'd been under an enormous amount of stress due to worrying about the well-being of his son and nephews. He began to cry and said all he wanted to do was keep them safe and he didn't know how to help them protect themselves when the police were killing black men nationally.

How would you respond to this patient initially? Describe your initial plan and follow up for this patient? Describe the societal factors that may be impacting this patient's experience.

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ESSAY QUESTION 4

Please answer the following question in the space provided (300 word maximum).

The mission of *Advancing Practice* is to help develop APRNs into our next generation of nurse leaders.

Please describe 1-2 leadership roles you have held in the last five years (this can be through volunteer organizations, healthcare organizations, church community or similar groups). Please describe your role and the impact you feel you brought to those you were leading or those impacted by your leadership. **IMPORTANT: Do not identify the program/university that you attend/ed. When necessary, please write "my program/university"**

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APPLICATION ATTESTATION

I attest that all information provided in this Application is true and complete to the best of my knowledge.

Electronic Signature - Type Full Name

Last 4 Digits of SSN

Date (MM/DD/YY)

REQUIRED DOCUMENTS

- ☐ Professional diploma (MSN or DNP) if available
- ☐ Unofficial graduate school transcript
- ☐ Copy of current RN license
- ☐ Copy of APRN license (if already received)
- ☐ CV with your current work and education history including your graduate clinical rotations, ensuring there are no gaps or missing information in work history
- ☐ If applicable, non-U.S. residents must provide a copy of their permanent resident card/VISA/proof of eligibility to work in the U.S.

Licensure and credentialing materials (i.e. Board Certification, Illinois licenses, and DEA license) are not required when applying, simply write "pending." *You are required to take your board exam by June 30, 2027.*

Please save all documents as "YourLastName_Name Of Document" (i.e., Solis_APRN License) and attach to email with your completed application.