

APPLICATION FOR PHN ENROLLMENT IN THE ENHANCED ROLE NURSE TRAINING PROGRAM

Combined Physical Assessment of Adults and STD Nurse Clinician Training

Instructions

Complete this application and print it, then sign and date it. Have your supervisor complete the section on page 3 and sign. Scan the approved application and email it to Jackie McIver, Program Manager, NC Institute for Public Health, jkeith@email.unc.edu. Faxed applications will not be accepted.

Name:

Agency:

Business Address (line 1):

Business Address (line 2):

Email Address:

Date of Employment:

Type of Employment: Full Time Part Time Contract Service

Please indicate the course for which you are applying:

Combined Physical Assessment of Adults (PAA) and STD Nurse Clinician Training

PAA only

STD only

Public Health Nursing Experience (indicate all that apply)

Clinic	Dates (from/to)	Clinic	Dates (from/to)
Generalized		STD	
Adult Health		HIV Early Intervention	
Family Planning		HIV Counseling & Testing	
Home Health		CD/TB	
Breast & Cervical Cancer		Other, specify:	

Nursing Education (indicate all that apply)

	Degree	Date Issued		Degree	Date Issued
Diploma:			Master's:		
Associate Degree:			Doctorate:		
Baccalaureate:			Other:		

Please note completion dates/expected completion dates for the following courses:

	Completion Date	Expected Completion Date
Introduction to Principles and Practices of Public Health Nursing (required if you do not have BSN)		
Physical Assessment of Adults (required for STD only applicants)		
If you have completed Physical Assessment of Adults, are you currently practicing those skills in a clinic setting?	Yes	No

Required: Scanned copy of your certificate(s) of completion with this application.

If you do not have a copy of your certificate, the Local Technical Assistance and Training Branch at the N.C. Division of Public Health (office number 919-707-5130) maintains course rosters.

Certifications:

Clinical Advisor Information

	Advisor 1	Advisor 2 (if applicable)
Name		
Address		
Phone		
E-mail		

Clinical Advisor Qualifications

	Advisor 1	Advisor 2 (if applicable)
Enhanced Role RN who has completed course*		
Nurse Practitioner (specify type)		
Physician Assistant (specialty)		
Physician (specialty)		

* Subject to approval of qualifications.

Nursing Director/Clinical Supervisor Information

Nursing Director

Clinical Supervisor

Name

Address

Phone

E-mail

Physician Who Will Provide Standing Orders (if applicable)

Name

Address

Phone

To be Completed by Nurse Supervisor

Please describe your agency plan for the utilization and support of this enhanced role nurse:

Signatures

Student _____ Date _____

Supervisor's Approval: By signing, I certify that I understand that our agency may have to adjust this student's workload to accommodate course requirements.

Supervisor _____ Date _____



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