

# APPLICATION FOR PHN ENROLLMENT IN THE ENHANCED ROLE NURSE TRAINING PROGRAM

## Combined Physical Assessment of Adults and STD Nurse Clinician Training - Fall 2023

### 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 Cherelle Whitfield, Lead Event Planner, N.C. Institute for Public Health, [cwwhitfi@email.unc.edu](mailto:cwwhitfi@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:	

**If applying for STD only, please indicate completion date for PAA.**

	Completion Date	Expected Completion Date
Physical Assessment of Adults <i>(required for STD only applicants)</i>		
If you have completed Physical Assessment of Adults, are you currently practicing those skills in a clinic setting?	Yes	No

**If applying for STD only, include a scanned copy of your certificate of completion.**

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.

***\*For all fall 2023 and spring 2024 applicants, completion of the North Carolina Credentialed Public Health Nurse course will be required as a corequisite, replacing the previous prerequisite, Principles and Practices for Public Health Nurses.\****

**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:

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### 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 \_\_\_\_\_

