

Application for PHN Enrollment Enhanced Role Nurse (ERRN) Training Program

Combined Physical Assessment of Adults and STD Nurse Clinician Training
Fall 2024

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. 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 and Testing	_____
Home Health	_____	CD/TB	_____
Breast and Cervical Cancer	_____	Other, specify:	_____

Nursing Education *(Indicate all that apply)*

	Degree	Date Issued		Degree	Date Issued
Diploma:	_____	_____	Master's:	_____	_____
Associate's 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.

Completion of the North Carolina Credentialed Public Health Nurse (NCCPHN) course will be a corequisite for nurses who do not have a BSN, meaning they must complete the NCCPHN course before the end of the ERRN course. The NCCPHN course replaces the previous prerequisite, Principles and Practices for Public Health Nurses.

Certifications (and date of completion):

Clinical Advisor Information

	Advisor 1	Advisor 2 (If applicable)
Name	_____	_____
Address	_____ _____	_____ _____
Phone	_____	_____
Email	_____	_____

Clinical Advisor Qualifications

	Advisor 1	Advisor 2 (If applicable)
Enhanced Role RN who has completed course*		
Nurse Practitioner <i>(specify type)</i>	_____	_____
Physician Assistant <i>(specialty)</i>	_____	_____
Physician <i>(specialty)</i>	_____	_____

Nursing Director/Clinical Supervisor Information

	Nursing Director	Clinical Supervisor
Name	_____	_____
Address	_____ _____	_____ _____
Phone	_____	_____
Email	_____	_____

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 _____