



TRAUMA NURSING FELLOWSHIP PROGRAM APPLICATION

Deadline Oct. 13, 2023

The University Health Trauma Nursing Fellowship Program is an opportunity to obtain expertise in trauma/critical care nursing. Through a ten-month fellowship in advanced didactic education and clinical rotations through Trauma Resuscitation Unit, Adult & Pediatric Emergency Departments, Pediatric Intensive Care Unit, Surgical Trauma Intensive Care Unit (STICU), and ambulatory trauma clinics with shadowing experience in air & ground EMS, Operating Room, Injury Prevention, and Trauma Administration, the nurse fellows will be mentored by senior nursing staff. Upon fellowship completion, the nurses should expect to be clinically proficient in the care of trauma patients from injury through hospital disposition, have completed a trauma QI project, and established a foundation to advance the nursing practice and management of trauma care across University Health.

Fellowship Requirements

Application Requirements

<ul style="list-style-type: none"> Bachelor of Nursing degree 	<ul style="list-style-type: none"> Completed application
<ul style="list-style-type: none"> At least 3 years RN practice 	<ul style="list-style-type: none"> Copy of all current licenses/certifications
<ul style="list-style-type: none"> At least 2 years ED, ICU, or other critical care experience 	<ul style="list-style-type: none"> Copy of most recent performance evaluation
<ul style="list-style-type: none"> Current BLS, ACLS, PALS 	<ul style="list-style-type: none"> Resume/CV
<ul style="list-style-type: none"> Specialty Certification (i.e. CEN, CPEN, CCRN) 	<ul style="list-style-type: none"> Two letters of reference from prior supervisors
<ul style="list-style-type: none"> Must be able to work any scheduled shift, including holidays and weekends 	<ul style="list-style-type: none"> Personal exemplar

Name:	
Phone:	
If internal, UH Dept:	
If external, current employer:	

Nursing Experience: Most recent five years. Please provide additional details about the following:

	<i>Position</i>	<i>Supervisor</i>	<i>Contact Information</i>
1.			
2.			
3.			
4.			
5.			

Career Goals: *Briefly summarize your career goals for the next five years*

Provide examples and describe any Quality Projects or Scholarly Activities you have participated in.

Education

College, Name of school	Degree received	Date of graduation
Post-Graduate, Name of School	Degree received	Date of graduation
Other		

Credentials/Certifications

If you have been certified, or held a related license, complete the information requested below. Submit copies of all licenses/certificates held along with this application.

State	License or Certification	Number	Date of Issuance	Status (Expiration Date)

Memberships in Professional Organizations:
Honors and Awards:
Hospital Involvement and Committees:
Community Service Activities:

Please submit this application and letters of recommendation along with copies of licenses and certifications to: TraumaNurseFellowship@uhtx.com

I certify the above facts are true to the best of my knowledge and belief and understand I subject myself to disciplinary action in the event the above facts are found to be falsified. As part of the official application process, all external candidates must complete an applicant survey. This service aptitude assessment program enhances the interviewing and selection process.

By submitting this application, I attest the above information is accurate and understand the selection committee may check professional references.

Signature