

New York Presbyterian Hospital-Weill Cornell Medical Center
Department of Emergency Medicine Nurse Practitioner Residency Application

PERSONAL INFORMATION

First Name	Middle Name	Last Name	Date of Birth
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Current Address	City and State	Zip Code	Telephone Number
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Permanent Address	City and State	Zip Code	Telephone Number
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Email Address	Mobile Phone
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Preferred Method of Contact

EDUCATION AND EXPERIENCE

Nurse Practitioner Program	Month and Year of Graduation
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School Name and Address

Nurse Practitioner Certification	Date Certified	Certificate Number
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Other College(s) and Schools Attended with Degrees Conferred and Addresses (Attach additional sheets if necessary.)

Current / Most Recent Employment

Address	City and State	Zip Code
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Supervisor	Phone
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Previous Employment (Attach additional sheets if necessary.)

Address	City and State	Zip Code
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Supervisor	Phone
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REFERENCES (All letters of recommendation must be mailed directly to the admission committee on professional letterhead)

REFERENCE #1

NP School Program Director

Name of Director:	Telephone number	E-mail
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Address	City and State	Zip code
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REFERENCE #2

Name and Title	Telephone Number	E-mail
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Address	City & State	Zip Code
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REFERENCE #3

Name and Title	Telephone Number	Email
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Address	City & State	Zip Code
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Applicant Signature_____ **Date**_____

Please complete application and include current CV, personal statement and a \$40 check made out to Weill Cornell Department of Emergency Medicine along with any other supporting documents as one packet and submit to:

**New York Presbyterian-Weill Cornell Medical Center
Department of Emergency Medicine
Attn: Rosa Borensztein ANPc, PNPC
Director, Nurse Practitioner Residency in Emergency Medicine
525 East 68th Street. M-130
New York, NY 10065
Phone : (212) 746-0780
Fax : (212) 746-4883
email: rborensz@nyp.org**