



Pediatric Acute Care Advanced Practice Provider Fellowship Program

Nemours Children's Hospital, Florida



NEMOURS
CHILDREN'S HEALTH

Nick Bosco, MSN, APRN, CPNP-AC — Program Director

Program Highlights

- **Length: 12 months** (October 1 – September 30)
- **Qualifications:** Board eligible acute care pediatric nurse practitioner or physician assistant with board certification obtained by August of the application year and eligible to be credentialed by October 1st.
- **Hours: 40 – 50 hours/week**, including some nights, weekends, and holidays
- **Benefits:** Medical, dental, vision, paid time off
- **Competitive fellowship salary**
- **Important Dates:**
 - Application Window: January 1–April 30
 - Interview Dates: May–June
 - Selection Notification: Early July
 - Start Date: October 1

****May be considered for continued employment after completion of post-graduate training program****

Application Requirements

- Complete Pediatric Acute Care APP Fellowship Program Application
- 1-page typed personal statement describing yourself, background, and why you desire a career in pediatric acute care
- Copy of CV
- Copy of current AHA BLS & PALS certification
- 3 letters of professional recommendation; one from your program director
 - May be sent via email or as attachment to application
- Send complete application with above documents to:
jennifer.luther@nemours.org
- If necessary to submit as regular mail, please send to:
Nemours Children's Hospital, Florida
c/o Nick Bosco, APRN
6535 Nemours Parkway
Orlando, FL 32827

If you have any questions regarding our program, you may email:
Nicholas.bosco@nemours.org

Program Curriculum

- **Didactic Curriculum**

- Core Curriculum Specialty-Specific Lecture Series
- New to Practice APP Lecture Series
- Pediatric Fundamentals of Critical Care Support Course
- Simulation Experiences & Skills labs
- Morning Report
- Noon conference
- Morbidity & Mortality conferences
- Journal watch or Journal club participation
- Pediatric Grand Rounds

- **Clinical Curriculum (52 weeks)**

- Vacation time: 4 weeks
- 4-week blocks, 13 rotations
- 1 Week Hospital Orientation
 - New Hire Orientation
 - APP Orientation
 - Epic training
 - Web Based Training Modules
- Emergency Medicine
 - 11 weeks
- Hospital Medicine
 - 12 weeks
- Critical Care Medicine
 - 12 weeks
- Anesthesia
 - 2 weeks

- Electives
 - 10 weeks, 2.5 blocks, 3 electives
 - Exact rotations to be determined based on interest of fellow and availability
 - Potential Available Electives: Infectious disease, Endocrinology, Pulmonology, Neurology, Gastroenterology, Nephrology, Rheumatology, General Surgery, Neurosurgery, Urology, Hematology/Oncology, Orthopedics, Otolaryngology, Cardiovascular services, Sedation, Radiology, Interprofessional Education, Medical Spanish

Competencies

- Competency-based monthly and semi-annual performance evaluations

• Professional Development

- Opportunities to present at national conferences
- Present case studies and M&M locally
- Engagement in tailored development series
- Longitudinal mentorship from APPs and physician colleagues
- Ability to participate in enterprise-wide APP Lecture Series & APP Council initiatives

• Quality Improvement Project

- Required to complete a Quality improvement project with Quality Improvement team mentor
- Longitudinal Curriculum on tenants of Quality Improvement provided
- Goal: introduce and involve the APP in a quality or process improvement initiative, development of a clinical care guideline, or educational initiative
- Present work in a conference or poster session



*Leahra DNP, APRN, PNP-AC
2024-25 NCH-FL
Acute Care APP Fellow*

"The Pediatric Acute Care APP Fellowship has been an invaluable experience. It has provided me with the skills and knowledge essential to becoming a successful advanced practice provider. This unique opportunity has allowed me to care for patients in diverse settings and collaborate with a wide range of providers, all of whom have contributed to my own professional growth."



PEDIATRIC ACUTE CARE APP FELLOWSHIP APPLICATION

Instructions:

1. Complete Pediatric Acute Care APP Fellowship Program Application pages 6-8.
2. Provide one-page typed personal statement describing yourself, your background, and why you desire a career in pediatric acute care
3. Provide a copy of your CV
4. Provide copy of current BLS & PALS (American Red Cross or American Heart Association)
5. Provide three letters of professional recommendation
 - a. one must be from your program director
 - b. May be sent via email to nicholas.bosco@nemours.org or as part of the application packet
6. Send complete application with above documents to jennifer.luther@nemours.org
7. If necessary to submit as regular mail, please send to:

Nemours Children's Hospital, Florida
c/o Nick Bosco, APRN (GME)
6535 Nemours Parkway
Orlando, FL 32827

If you have any questions regarding our program, you may email:
Nicholas.bosco@nemours.org

Important Dates:

- Application Window: March 1-April 30
- Interview Dates: May - June
- Selection Notification: Early July
- Commitment Deadline: July 15
- Start Date: October 1



Pediatric Acute Care APP Fellowship Program Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address

Apartment/Unit#

City State Zip Code

Phone: _____ Email: _____

Education

High School: _____ Address: _____
From: _____ To: _____

Undergraduate: _____ Address: _____
From: _____ To: _____ Degree: _____

NP/PA Program: _____ Address: _____
From: _____ To: _____ Degree: _____

References

*List three professional references. **One must be from your program director.***

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Email: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Email: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Email: _____

Employment History and/or Medical Experience

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

Military Service (if any)

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

I hereby declare that the above statements in this application and all attachments hereto are complete and accurate.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received By: _____ Date: _____
Contacted By: _____ Date: _____
Interview Date Scheduled: _____
Interview Completed: _____