

July 2022

## Dear Applicant:

Thank you for your interest in the RN Transition Fellowship Program at Northridge Hospital Medical Center. This innovative program features a challenging program blending classroom didactics with clinical experience. The Care Coordination RN Transition Fellowship program will begin September 4, 2022. Completion will be based on 100% validation of competencies during your clinical hours.

Positions are limited and early application is encouraged. <u>Application period is open July 17, 2022 through July 26, 2022 at 11:59PM (ONLY)</u>. Applications must be received by the deadline, no exceptions. Only application packets that are complete will be considered for the prescreening and interview process. To initiate the application process, please complete the online job application and submit the following items:

- Current resume
- Specialty/Unit Preference and shift (page 2 of this packet)
- Letter of Intent to include the following (maximum of 2 pages, double spaced. APA format *not* necessary):
  - 1. Explain why you are interested in the RN Transition Fellowship Program at Northridge Hospital Medical Center.
  - 2. Explain why you are interested in the unit or specialty field that you selected.
- Signed Licensure, Vacation and Employment Statement (page 3 of this packet)

**Please Note:** Required documents must be uploaded as attachments within your online application. Please submit the Specialty/Unit Preference page and Licensure, Vacation and Employment page together as "NHMC Packet" in any of the available upload links. If you are selected for an interview, you will be required to bring the original documents with you to the interview. *Again, all necessary requirements must be met before the applicant will be considered for an interview.* Only those applications submitted electronically will be considered.

After we have reviewed your application materials, you will be notified as to whether you have been selected to participate in a Dignity Health formal interview process. We do read every application we receive, so please be patient with us. **Notifications for interviews will start beginning August 2022.** All notifications are done online, through the Dignity Health Careers portal.

If you have any further questions, please contact Sylvia Martinez at (818) 885-8500 ext. 4623.

Warm Regards,

Melinda Henry RN, BSN CWOCN

Manager Education Department, Wound & Ostomy Care Department, RN Residency Program



## RN TRANSITION FELLOWSHIP PROGRAM SPECIALTY/UNIT PREFERENCE\*

| APPLICANT NA  | AME:                                       | DATE:                   |  |  |  |
|---|--|-------------------------|--|--|--|
| <u>Directions</u> :   | Please indicate your preference by placing | an X in the space below |  |  |  |
| •   | Care Coordination – Day shift              |                         |  |  |  |
| *Please submit this form with your online application after completing. |  |                         |  |  |  |
| Developed 2/2018  |  |                         |  |  |  |

Revised: 7/13/2018, 5/12/2021, 10/19/2021, 4/20/2022



## RN Transition Fellowship Program Licensure, Vacation & Employment Statement\*

| A. All applicants must have a valid California RN Li | cense |
|--|-------|
|--|-------|

| В. | The RN Transition Fellowship Program is a Competency Based Program. Length varies depending on the        |
|----|---|
|    | unit and specialty training required. Each individual is assigned a competency profile per specialty, per |
|    | department. The program requires full-time employment without vacation or other activities requiring      |
|    | more than a 1-2 day absence during the length of program. Any scheduled time off will necessitate         |
|    | approval of the hiring manager and RN Residency Manager prior to the start of the Transition Program.     |
|    | Should you be accepted into the program, it is important to understand that continued employment is       |
|    | contingent upon satisfactory performance (during and after the fellowship) in the judgment of both the    |
|    | hospital and the Department of Nursing.   |
|    |   |

| C.   | Employment  |     |    |  |  |  |  |
|--|---|-----|----|--|--|--|--|
| 1.   | Are you legally authorized to work in the U.S.?   | Yes | No |  |  |  |  |
| 2.   | Will you now or in the future require sponsorship for employment Visa status (e.g. H-1B visa status)? | Yes | No |  |  |  |  |
| I have read the above statements and agree to comply as indicated above: |   |     |    |  |  |  |  |
| Applicant (print name):  |   |     |    |  |  |  |  |
| Signature (handwritten):   |   |     |    |  |  |  |  |
|  |   |     |    |  |  |  |  |

\*Please submit this form with your online application after completing.

Reviewed 8/26/13; 12/3/14; 07/09/15; 03/03/2017, 8/11/17, 1/29/2018, 2/2018

Revised: 7/13/2018, 5/12/2021, 10/19/2021, 4/20/2022