



**Request for Proposals for the  
MassHealth Delivery System Reform Incentive Payment (DSRIP)  
Investments in Community-based Training and Recruitment Program:  
Family Medicine and Nurse Practitioner Residency Training**

**INFORMATION FOR FAMILY NURSE PRACTITIONER (FNP) RESIDENCY PROGRAM APPLICANTS**

**Posted on 8/24/18**

**Responses Due:**

September 28, 2018

**Program Overview:**

The Massachusetts League of Community Health Centers (the League) is administering the MassHealth Delivery System Reform Incentive Payment (DSRIP) programs focused on the community-based primary care and behavioral health (BH) workforce and community health center (CHC) readiness on behalf of the Commonwealth of Massachusetts Executive Office of Health and Human Services (EOHHS) Office of Medicaid (MassHealth) following a competitive procurement. The Statewide Investments funding stream is one component of MassHealth's \$1.8 billion DSRIP program authorized under the Medicaid Section 1115 Waiver and comprises eight initiatives over the five-year DSRIP program. The community-based primary care and BH workforce programs and CHC readiness program will support the Accountable Care Organizations (ACOs), Community Partners (CPs), and Community Service Agencies (CSAs) by helping them recruit and retain a highly committed, well-prepared healthcare workforce, thus increasing their capacity to improve health outcomes and reduce the total cost of care (TCOC) for MassHealth members.

The Investments in Community-based Training and Recruitment Program aims to expand the pool of primary care and BH providers who are committed to serving underserved populations and well-prepared to care for MassHealth members in community settings. The program accomplishes this goal through two funding streams: 1) The Family Medicine (FM) and Family Nurse Practitioner (FNP) Residency Training, and 2) the Community Mental Health Center (CMHC) BH Recruitment Fund.

This RFP is released as part of the FM and FNP Residency Training funding stream. It specifically seeks applications for funding to increase the number of FNP residency training slots in CHCs in Massachusetts. While Nurse Practitioner (NP) education and training prepares NPs for licensure to practice, in the new healthcare environment, additional structured training can enable a smoother transition to NP practice in community-based settings and new care delivery models and better enable

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novice NPs to provide care for complex patients.<sup>1</sup> Structured training post-licensure may in turn lead to greater job satisfaction and retention in safety net settings, such as CHCs.<sup>2</sup> This program is intended to contribute to the MassHealth goal of advancing the recruitment and retention of primary care providers in community-based settings as a key means of increasing access to high quality healthcare for MassHealth members statewide.

Please note that a second RFP that seeks applications for funding to increase the number of FM residency training slots in CHCs in Massachusetts was released on July 23, 2018. It is expected that these two RFPs will together support approximately 12 new CHC-based residency training slots in Massachusetts that begin in July/August 2019. The actual number of residency training slots created and their distribution across FM physicians versus FNPs will depend on the number and quality of the applications received.

**Eligibility:**

CHCs participating in a MassHealth ACO and licensed by the Massachusetts Department of Public Health are eligible to apply for funding through this RFP.

While CHCs are not required to have an established FNP residency program at the time of application, all applicants must clearly demonstrate that they possess significant residency training experience and infrastructure from which to draw for the success of their FNP residency training. Examples specific to prior NP training experience, such as providing precepted NP clinical rotations, are particularly relevant. Experience and infrastructure related to residency training for physicians, including serving as a continuity site for FM residents, hosting rotations for residents in accredited primary care and/or specialty residency programs, and/or serving as the site for post-residency fellowships in any area of primary care or medical specialty, may also be used to address program eligibility requirements.

Accreditation as an NP residency program is not required for eligibility. However, to promote a baseline of quality and standardization across new and established FNP residency programs in Massachusetts, all FNP residency training opportunities supported by this program will be expected to align with the Accreditation Standards developed by the National Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFTC). The full NNPRFTC Accreditation Standards are available here:

<https://www.nppostgradtraining.com/Accreditation/Standards>.

All applicants must make a commitment to training at least two FNP residents per residency cohort. CHCs proposing new FNP residency programs therefore must request funding for at least two FNP

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<sup>1</sup> Flinter, M. From new nurse practitioner to primary care provider: bridging the transition through FQHC-based residency training. OJIN: Online Journal of issues in Nursing, 2011; 17 (1): 6; Flinter, M. Residency Programs for Primary Care Nurse practitioners in Federally Qualified Health Centers: A Service Perspective. OJIN: The Online Journal of Issues in Nursing, 2005; 10(3): 5.

<sup>2</sup> Bush, C.T.; Lowery, B., from Postgraduate Nurse Education: Impact on Job Satisfaction. JNP Online Journal for Nurse Practitioners, 2016; 12 (4).



residency training slots unless they can demonstrate funding for additional FNP training slot(s) from another source. CHCs with established FNP residency programs may request any number of FNP residency training slots provided that the FNP residency cohort, inclusive of the residency training slot(s) funded by this program, comprises at least two FNP residents.

The program will provide funding to support residency training slots for one year only (starting July/August 2019). Applicants may propose a FNP residency program with a duration of one or two years. Due to the potential benefit of a second year by improving retention and increasing competency, two-year programs are desirable. Applicants that opt for a two-year residency program are responsible for funding the FNP resident in the second year at the market rate for NPs in CHCs in Massachusetts.

All applications must include a letter of commitment signed by community health center executive leadership that attests to support for implementing/expanding FNP residency training at the community health center.

Lastly, although applications to preserve existing FNP residency training slots in community health centers will be considered, there is a strong preference for applicants that will use funding to create new CHC-based FNP training opportunities. Applications that request funding to preserve existing residency training slot(s) must make a clear and compelling case that it would be impossible to maintain these residency training slot(s) in the absence of MassHealth funding.

#### **Program Guidelines and Priorities:**

The main purpose of the FM and FNP Residency Training funding stream is to increase the pool of family physicians and NPs in Massachusetts who are committed to serving the underserved and well-prepared to care for patients in community settings.

Applicants will be selected for funding based primarily on their demonstrated capacity to provide high quality FNP residency training experiences that advance this goal, as evaluated by the following measures:

- The extent to which funding will support new CHC-based FNP resident training opportunities over and above the number of FNP residency training slot(s) provided by the CHC in previous years.
- The CHC's prior experience providing high quality training experiences for NP and/or physician residents, as demonstrated by:
  - Prior NP training experience, including NP residency programs and/or precepted NP clinical rotations.
  - Prior physician residency training experience, including serving as a continuity site for family medicine residents, hosting rotations for residents in accredited primary care and/or specialty residency programs, and/or serving as the site for post-residency fellowships in any area of primary care or medical specialty.

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- Ability to ensure adequate patient panels in terms of size, diversity, and clinical complexity.
- Ability to ensure adequate care team support (i.e. number of medical assistants, registered nurses, licensed practical nurses, and other support staff) for FNP residents.
- Ability to provide adequate physical space (e.g. exam rooms, team meeting rooms) for FNP residents.
- Ability to provide coverage and systems to ensure that the clinical needs of patients are met in the FNP residents' absence.
- Ability to ensure that FNP residents work as part of a multi-disciplinary care team.
- The plan put forward for implementing new FNP residency training slots, especially:
  - The proposed strategy for developing and/or implementing a curriculum that: 1) includes the five curriculum elements and integrates the eight core competency domains outlined in the NNPRFTC Accreditation Standards (NNPRFTC Accreditation Standards are summarized in Attachment A); 2) transitions NPs from novice to expert and sets the appropriate expectations of other colleagues and staff<sup>3</sup>; and 3) integrates continuous quality improvement activities.
  - The experience and qualifications of FNP residency program personnel, including a plan for preparing mentors/preceptors that may include a mentor training module developed internally or by external organizations. (Expectations for FNP residency program personnel are described in Attachment B).
  - The proposed recruitment strategy's potential to successfully engage FNP residents who meet the recommended FNP resident eligibility criteria. (Recommended FNP resident characteristics are outlined in Attachment C).
  - The proposed strategy for sustaining FNP residency training at the CHC beyond program funding.
- **For community health centers with established FNP residency programs only:** the program's track record of preparing FNPs who continue to care for patients in community-based or other underserved settings post-residency.

As noted above, applications that intend to create new CHC-based FNP resident training opportunities, as opposed to those that seek to preserve existing training slots, are strongly preferred.

**Funding:**

Successful applicants will be awarded \$105,000 per FNP resident for each FNP residency training slot approved for funding. These funds will be broken out as follows:

- \$85,000 per FNP resident may be used to cover resident compensation and training costs.

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<sup>3</sup> Fitzpatrick, S. and Gripshover, J. Expert Nurse to Novice Nurse Practitioner: The Journey and How to Improve the Process. *The Journal for Nurse Practitioners*, 2016; 12(10), e419 - e421.



- \$20,000 per resident will be provided as “flexible funding” to cover curriculum development costs, educator and administrator time and effort, and/or other training resources. Please note that CHCs may use funds to develop their own didactic sessions, learning tools, and similar resources and/or to gain access to FNP residency program components that have been developed by external organizations.

Although applicants may propose to develop a two-year program, all FNP residency training slots will be funded for one year, only. For two-year programs, applicants will be encouraged to pay NP salaries at market rate for NPs in CHCs in Massachusetts in the second year. Funding requests should ensure that CHCs can train a cohort of at least two FNP residents during each residency program year.

All applications must clearly describe how the \$105,000 per FNP resident will be utilized.

Applicants may, but are not required to, use other sources of funding to cover costs associated with the FNP residency training slots supported by this program.

Capital expenses are not allowable. Payment will be made prior to the start of the FNP residency program year. Successful applicants will be required to provide annual financial reports to document the use of program funds.

#### **Reporting Requirements:**

Successful applicants will be required to submit the following narrative reports using templates provided by the League.

**Mid-Year Report:** This report will be due on June 15, 2019 and will include an update on progress in implementing the new FNP residency training slot(s). Reports are to include program accomplishments, obstacles and/or challenges encountered during the relevant time period, and changes in key personnel and faculty.

**Final Report:** This report will be due three months after the completion of the one-year FNP residency training slot(s). Final reports should highlight accomplishments, results from any surveys, readiness assessments, self-administered FNP pre-post surveys or baseline competency testing and evaluations that measure resident progress within the eight competency domains. A discussion of obstacles/challenges encountered during the relevant time period should also be included. Reports should present qualitative feedback related to the experiences of residents and faculty, including the results of standardized satisfaction surveys distributed to FNP residents in funded residency training slots. (The League and EOHHS will work with successful applicants to develop standardized satisfaction and pre-post surveys).

Final reports should describe FNP residents’ post-residency career plans, including plans to maintain clinical practice in a CHC and/or a federally defined Medically Underserved Area (MUA) or Health Professionals Shortage Area (HPSA).

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Lastly, final reports must also describe any plans to sustain FNP residency training slots post-MassHealth funding, as well as any plans to apply for NNPRFTC Accreditation.

Quarterly Expenditure Reports: Successful applicants will be required to submit expenditure reports on a quarterly basis.

**RESPONSE AND SUBMISSION REQUIREMENTS**

**Submission Schedule:**

Event	Date/Time
Request for Proposals Released	August 24, 2018
Webinar	Sept 5, 2018
Deadline for Submission of Questions	September 7, 2018
Posting of Answers to Questions (estimated)	September 14, 2018
Applications Due	September 28, 2018
Residency Year Starts	July/Aug 2019

**Informational Webinar:**

An informational webinar has been scheduled for September 5, 2018 at 1:00 PM ET. Interested applicants are strongly encouraged to attend, please see details below:

Join from PC, Mac, Linux, iOS or Android: <https://zoom.us/j/6764300340>  
 +1 646 558 8656  
 Meeting ID: 676 430 0340

Questions about this RFP will be accepted via email by September 7, 2018 at 5:00 PM ET. Please send all questions to Debra Murphy, Senior Vice President, [statewideinvestments@massleague.org](mailto:statewideinvestments@massleague.org). All questions and responses will be posted on the League website.

**Submission Instructions:**

Applicants must submit their applications by email with 'return receipt requested' to Debra Murphy at [statewideinvestments@massleague.org](mailto:statewideinvestments@massleague.org).

The Application Form, Response Narrative, Staffing Plan, and Curriculum Vitae (not to exceed 2 pages each) or bios (no longer than 300 words) must be submitted in MS Word or PDF file format. Budget

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forms must be submitted in Excel file format. If you encounter any issues with submission, please contact Debra Murphy at (617) 426-2225. Applications are due by September 28, 2018 at 5:00PM ET.

### **Grant Application Package:**

#### **Sections A and B**

Please complete Section A (Applicant Information) and Section B (Residency Slots Requested) of the Application Form, available in Appendix I. Completed forms may be provided in MS Word or PDF format.

#### **Section C**

Please respond to all questions outlined in Section C (Response Narrative) of the Application Form in a separate document. Responses should not exceed 15 pages. Responses may not be in a font size smaller than size 11 and must have at least one-inch margins. Responses may be provided in MS Word or PDF format.

#### **Section D**

Please provide a staffing plan that identifies and describes the qualifications of the following:

- Program Director
- Clinical Director
- All clinical faculty and mentors/preceptors
- Any proposed partners, vendors, or consultants

Please also provide curriculum vitae (not to exceed 2 pages each) or bios (no more than 300 words) for all individuals identified in the staffing plan.

#### **Section E.1**

Please provide a detailed budget for the \$105,000 per resident to be awarded to successful applicants. As noted above, award components are as follows:

- \$85,000 per FNP resident – May cover resident compensation and training costs.
- \$20,000 per FNP resident – Flexible funding, including costs for curriculum development, educator and administrator time and effort, and/or other training resources.

Budgets must be completed in the Excel budget form provided in Appendix II.

#### **Section E.2**

Please provide a detailed budget narrative that describes the proposed use of funds for each component of the funds to be awarded. Budget narrative should be sure to include:

- The plan for the use of \$85,000 for resident compensation and training costs.

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- A rationale for the proposed use of the \$20,000 per resident per year in flexible funding.

Budget narratives should be provided as a separate document in Word or PDF format.

**FUNDING REQUIREMENTS**

**Grant Award Amount:**

Funds available for CHC-based FNP residency training slots will not exceed \$105,000 per resident.

Although the duration of proposed programs may be more than one year, funding for FNP resident compensation and training will be for one year only and must begin in July/August 2019. Funding requests should ensure that each CHC can train a cohort of at least two FNP residents during the full residency program year as proposed.

The total number of FNP residency training slots awarded will depend on the number and quality of applications received from both FM and FNP residency programs.

**Program and Fiscal Monitoring Requirements:**

CHCs receiving grant funds must:

- Have the fiscal and program systems in place to meet all relevant federal and state requirements;
- Meet the terms of the award outlined in the contract with the League; and
- Expend grant funds only for allowable activities.

The League and/or EOHHS may request periodic documentation in order to provide oversight of funds.

**RESPONSE REVIEW AND EVALUATION CRITERIA**

**Compliance Screening:**

Submissions will be screened for completeness, conformity to program requirements, and timeliness of response.

**Review Process and Criteria:**

All submissions confirmed as complete, delivered on time, and in accordance with program requirements will be reviewed by a committee that includes representation from the League, MassHealth and experts in NP graduate-level training and education who are not affiliated with any applicant.

Review criteria will be used to review and rank applications, as follows:

REVIEW CRITERIA	POINT VALUE
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<p>CHC qualifications, including:</p> <ul style="list-style-type: none"> <li>• Demonstrated commitment and involvement of CHC leadership.</li> <li>• Demonstrated ability to support a high quality FNP residency training experience, including the adequacy of the physical infrastructure, the care team and support staff, the volume and diversity of patients, and the availability of opportunities to work as part of a multi-disciplinary care team.</li> <li>• Prior NP residency training experience, including NP residency programs and/or precepted NP clinical rotations.</li> <li>• Prior physician residency training experience, including serving as a continuity site for FM residents, hosting rotations for residents in accredited primary care and/or specialty residency programs, and/or serving as the site for post-residency fellowships in any area of primary care or medical specialty.</li> <li>• <i>For CHCs with established FNP residency programs only:</i> the program’s track record of preparing FNPs who continue to care for patients in community-based or other underserved settings post-residency.</li> </ul>	40
<p>Plan for implementing new FNP residency training slots, including:</p> <ul style="list-style-type: none"> <li>• The extent to which the residency training slot(s) for which funding is requested represent an increase in the annual number of FNP residency training slots offered by the CHC in the previous three years.</li> <li>• The proposed strategy, including the work plan and deliverables for developing and/or implementing a curriculum that includes: 1) the five curriculum elements and integrates the eight core competency domains outlined in the NNPRFTC Accreditation Standards. 2) a plan for enabling NPs transition from novice to expert and sets appropriate expectations of other colleagues and staff<sup>4</sup>; and 3) integrates continuous quality improvement activities.</li> <li>• The proposed evaluation plan of the residency program. The plan must include results of any surveys, evaluations, pre-post competency surveys of residents, and feedback from faculty and residents and/or staff used to track deliverables or outcomes of the program.</li> </ul>	40

<sup>4</sup> Fitzpatrick, S. and Gripshover, J. Expert Nurse to Novice Nurse Practitioner: The Journey and How to Improve the Process. The Journal for Nurse Practitioners, 2016; 12(10), e419 - e421.

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<ul style="list-style-type: none"> <li>• The proposed plan for ensuring faculty and mentors/preceptors are qualified and are appropriately trained.</li> <li>• The extent to which the proposed plan is clearly described and reasonable given the resources and capacity of the organization.</li> <li>• The proposed recruitment strategy’s potential to successfully engage FNP residents who meet the recommended FNP resident eligibility criteria.</li> <li>• The proposed strategy for sustaining FNP residency training at the CHC beyond program funding.</li> <li>• Clarity and appropriateness of the budget presented.</li> </ul>	
<p>Staffing plan, including:</p> <ul style="list-style-type: none"> <li>• The extent to which the proposed staffing plan meets the expectations outlined in Attachment B.</li> <li>• Experience and qualifications of proposed leaders, faculty, trainers, and staff, including the requirement that mentors and preceptors are appropriate trained.</li> <li>• Experience and qualifications of any proposed partners, vendors, or consultants.</li> </ul>	20

The League and EOHHS reserve the right to request additional information from any applicant or partner referenced in the proposal to ensure that the review committee has a complete understanding of the proposed program and qualifications of the applicant. The League and EOHHS reserve the right to consider other criteria in making competitive awards among comparable qualified applicants, and make the final determination of awards. The League and EOHHS reserve the right to reject any and all applications, in whole or in part, if deemed to be in the interest of the League and EOHHS to do so.

This RFP does not commit the League or EOHHS to award any contracts. Upon submission, all applications become the property of the League.

**Project Terms and Conditions:**

Applicants awarded funding will be required to abide by the League’s Standard Contract Terms and Conditions, which will be provided during contract negotiation. Applicants may review these terms and conditions prior to submitting their application by contacting Debra Murphy at [statewideinvestments@massleague.org](mailto:statewideinvestments@massleague.org). All final contracts are subject to successful negotiation of a final statement of work and budget.

**APPENDICES**

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**APPENDIX I:** Application Form and Information

**APPENDIX II:** Budget Template

**Contact Information:**

Debra L. Murphy, CAE

Senior Vice President

Massachusetts League of Community Health Centers

DSRIP Statewide Investments

Investments in Community-based Training and Recruitment

Phone: (617) 426-2225

Email: [statewideInvestments@massleague.org](mailto:statewideInvestments@massleague.org)

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## ATTACHMENT A

### SUMMARY OF NNPRFTC ACCREDITATION STANDARDS

Applicants must clearly describe their plan for developing and/or implementing FNP residency training opportunities that align with the five curriculum elements and integrate the eight core competency domains as outlined in the NNPRFTC Accreditation Standards, which are summarized below.

Detailed sub-competencies are described in the full NNPRFTC Accreditation Standards, which are available here: <https://www.nppostgradtraining.com/Accreditation/Standards>

NP Residency Training Program curriculum core elements:

1. Clinical-based practice and patient care experience (examples – precepted sessions, mentored clinics, specialty clinic rotations)
2. Regularly scheduled didactic sessions
3. Systems-based learning and quality improvement tools
4. Population-based health focus
5. Leadership and professional development

NP Residency Training Program competency domains:

1. Patient Care – Provide patient-centered care that is compassionate, valued, appropriate and effective for the treatment of health problems and the promotion of health
2. Knowledge for Practice – Demonstrate knowledge of established and evolving bio-psychosocial, clinical, epidemiological and nursing sciences, for the provision of evidence-based patient care
3. Practice-Based Learning and Improvement – Demonstrate the ability to evaluate one’s own practice and improve outcomes of patient care based on best available evidence, constant self-evaluation and life-long learning
4. Interpersonal and Communication Skills – Demonstrate effective communication and collaboration with patients, their families, and inter-professional colleagues
5. Professionalism – Demonstrate a commitment to carrying out professional roles and responsibilities and adherence to ethical principles
6. Systems-Based Practice – Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care

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7. Inter-professional Collaboration – Demonstrate the ability to practice within an inter-professional team in a manner that optimizes safe, effective patient- and population-centered care
8. Personal and Professional Development – Demonstrate qualities required to sustain lifelong growth as healthcare professional and leader

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## ATTACHMENT B

### PERSONNEL RECOMMENDATIONS

Program staff must include a designated Program Director, Clinical Director, faculty and educators, including mentors/preceptors, who can provide sufficient time and effort to fulfill program requirements. The functions of staff may be combined provided the requirements are met, and they are able to fulfill the responsibilities of the position.

The Program Director must be a Board-certified NP (doctoral-prepared, preferred) and will be responsible for activities that include, but are not limited to: the overall management of the FNP Residency Training Program, including selecting applicants, developing, designing, implementing, and evaluating the curriculum; and day-to-day operations of the program.

The Clinical Director must be a Board-certified NP and will be experienced and knowledgeable about the delivery of the type of health care services for which the trainee is being trained. The Clinical Director will assure that clinical practice experiences and core competency areas are being met; and promote understanding of and support for the program internally within the sponsoring organization.

Clinical Faculty must be qualified through academic preparation and clinical/organizational experience, and practice in the specific assigned clinical areas and topics. Clinical Faculty will be expected to provide performance evaluations that assess the resident's progress in achieving expected competencies and provide appropriate feedback and supervision through established means to the resident and program staff. Clinical Faculty must be provided appropriate initial training and ongoing professional development by the CHC that supports the development of skills to successfully carry out their responsibilities as faculty.

Mentors/preceptors will have a Master of Science in Nursing (MSN), practiced greater than 0.5 FTE for at least three years and had precepting experience for at least three years. They will also have experience with continuous quality improvement (CQI) and have completed or will complete a mentor training module provided by the residency program. Mentors/preceptors will assist the residents with the development of a one, three, and five year career plan; guide the resident in meeting his/her residency learning needs; provide mandatory consultation with the resident for each new patient, each patient needing new or significantly adjusted prescriptions, and any other situations in which consultation is appropriate to ensure the quality of patient care and/or learning experience; assist in identifying and mentoring the resident in a CQI project as part of the curriculum; and provide bi-monthly performance evaluations. Mentors/preceptors with diverse backgrounds are encouraged.

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## ATTACHMENT C

### RECOMMENDED FNP ELIGIBILITY CRITERIA

FNP residents are recommended to be graduates of an accredited NP program (Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN)) who have earned either a Master of Science in Nursing or a Doctor of Nursing within one year of residency training enrollment. FNP residents will also have a baccalaureate in nursing that is current and in good standing with the board of registered nursing. FNP residents will be license-eligible as an Advanced Practice Nurse in the Commonwealth of Massachusetts and in possession of or in the process of applying for Massachusetts prescribing authority. FNP residents will have passed or applied for the national certification exam by the American Nurses Credentialing Center (ANCC) or the American Association of Nurse Practitioners (AANP) within 90 days of enrollment in residency training.

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