

FELLOWSHIP APPLICATION FORM FOR CHCs

Application Checklist

1. Section A: CHC Applicant Information
2. Section B: Fellowship Slots Requested
3. Section C: Response Narrative
4. Section D: Staffing Plan
5. Section E: Budget

Please make sure that all attachments are titled with your health center's name and submit them as a PDF to Emily Price at pmhnpfellows@massleague.org

Section A: CHC Applicant Information

| | |
|--------------------------|--|
| CHC Name | |
| CHC Admin Address | |

| | |
|--|--|
| CEO Name | |
| CEO Email | |
| CEO Phone | |
| Executive Assistant or Staff to be cc'd on emails sent to CEO | |

| | |
|---|--|
| Contact for PMHNP Fellowship Program Application | |
| Email | |
| Phone (office and/or cell) | |

| | |
|--|--|
| Alternate PMHNP Fellowship Program Director | |
| Email | |
| Phone (office and/or cell) | |

Section B: Fellowship Slots Requested

Please indicate the number and type (student or graduate (includes new graduates and new hires who have been hired between 6/1/23 and 6/30/24) of Fellowship slots for which funding is requested:

Student Fellowship Slots: Graduate Fellowship Slots

| | Number of Fellows requested | Name(s) of student or graduate Fellow candidates if they are currently working or placed at the CHC |
|--------------------------------------|-----------------------------|---|
| Student Fellowship slot(s) | | |
| Graduate Fellowship slot(s) | | |
| New Hire Graduate Fellowship slot(s) | | |

Section C: Response Narrative

Character limits are listed after each question

1) Explain the non-prescribing and prescribing Preceptor(s) roles in the Fellow’s daily experience. (*character limit 900*)

2) Describe how the Fellow(s) will be integrated into your CHC’s model of care. (*character limit 900*)

For example:

Will a graduate Fellow serve in a consultation role to PCPs or maintain a panel of patients or a combination of both?

Include any plans to have the graduate Fellow engage in therapy, group visits, telehealth, etc.

Include plans to have the graduate Fellow support patients with substance use disorders (plans to have them obtain a DATA-waiver, etc.)

3) Identify at least three specialty clinics and why they will be included in your PMHNP Fellowship program. They can be external organizations or internal departments within your CHC. (character limit 1800)

4) Please confirm your commitment to accommodate the PMHNP graduate Fellow's clinical schedule for weekly didactics on Wednesdays from 12-4 pm. Two pre-planned sessions will be on Tuesday. Schedules will be provided at the beginning of the Fellowship. Advanced notification of the Tuesday sessions will be indicated on the schedule. (character limit 500)

5) Many graduate Fellow candidates are in their certification process; their exams are scheduled but not completed. Please indicate your willingness to:

- a) Interview these candidates? Yes No
- b) Hiring prior to the completion of credentialing? Yes No

If you answered no to either question, please explain:

Section D: Staffing Plan

Please refer to Attachment A Sample Staffing Plan [\[OB\]template\[OB\]](#) download it as a PDF, and attach it to the application.

In the space provided on the template please list the qualifications of CHC clinicians or include CVs for the prescribing Preceptor(s), non-prescribing Preceptor(s), support clinician(s), and staff members who will play a vital role in the successful implementation of the PMHNP Fellowship Program,

Any external contributors to either the design and/or implementation of the PMHNP Fellowship at your CHC, for example, consultants or partner organizations, should be included in your staffing plan.

Please reference pages 3 and 4 in the RFP which outlines the qualifications needed for prescribing Preceptors and non-prescribing Preceptors.

If support through UMass Chan GSN for prescribing precepting is requested, please also indicate it here.

Section E: Budget Template

After submitting your PMHNP proposal application, you will receive a budget template that has been customized to your request for graduate and student fellows.

Please email the complete application to the email address below:

ATTN: Emily Price, Program Manager Workforce and Training Team
Massachusetts League of Community Health Centers Email: pmhnpfellows@Massleague.org

Attachment A Sample Staffing Plan

UMass Chan GSN will work individually with those CHCs who present a need for remote prescribing Preceptors. Please indicate here if you wish to work with UMass Chan GSN to provide remote prescribing precepting support.

| Staffing Role | Name of Staff Member | FTE | Email | Qualifications* |
|--|-----------------------------|------------|--------------|------------------------|
| PMHNP Fellowship Director | | | | |
| Department Admin | | | | |
| Non prescribing Preceptor graduate Fellow | | | | |
| Non prescribing Preceptor graduate Fellow | | | | |
| Prescribing Preceptor graduate Fellow | | | | |
| Non prescribing preceptor student Fellow | | | | |
| Supporting Clinicians | | | | |
| Consultants or partner organizations for the PMHNP Fellowship | | | | |

* Qualifications can include licensure, experience, etc. Resumes or CV of each staff member is accepted.