



Mordecai Rural APRN Fellowship Application

- Name: _____
Address: _____
Phone: _____ Email: _____
- Current Education level: BSN ____, MSN ____, PhD. ____, DNP ____, other (please specify) ____
School: _____
Dates of Completion (month/year): _____
- Place of Employment: _____
Address: _____
Phone: _____ Email: _____
Contact person: _____ Phone: _____
- Have you applied to an APRN program? Yes ____, No ____
- If yes:
 - a. When did you apply? (month/year): _____
 - b. Where did you apply: _____
 - c. Have you been accepted? : Yes ____, No ____
- If yes:
 - a. Where were you accepted? _____
 - b. What was/is your start date? (month/year): _____
 - c. What is your desired specialty? _____
 - d. Upon graduation, do you plan to reside in a rural area? Yes ____, No ____
- If you have been accepted and have not opted to begin, what is the reason?

- If you have not applied:
 - a. Are you interested in becoming an APRN? Yes ____, No ____
 - b. If you became an APRN would you plan to practice in a rural area? Yes ____, No ____
 - c. What are the obstacles preventing your application?

- If you are chosen as a Mordecai Rural Nurse Fellow, will you be willing and able to contractually agree to remain in a rural community for at least two years following the completion of your program? Yes ____, No ____

Please send to Ingrid Johnson: Ingrid@coloradonursingcenter.org and state "Mordecai" in the subject line or mail to the Colorado Center for Nursing Excellence, 5290 East Yale Circle, Denver, Colorado 80222. Questions? 303-715-0343, ext. 21