

**2024-2025 FNP Residency Program**

**Supplemental Questions**

**Instructions:** Please type directly into word document or print and scan this form. Submit online with your application. Please do not forget to PDF the document before uploading.

1. **Rate your experience managing the following patient populations (Please check the appropriate box).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Population** | **No Experience** | **Minimal Experience** | **Moderate Experience** | **Maximum Experience** |
| Neonatal |  |  |  |  |
| Pediatrics |  |  |  |  |
| Adolescent |  |  |  |  |
| Pregnant women |  |  |  |  |
| Adult male health |  |  |  |  |
| Adult female health |  |  |  |  |
| Older male health |  |  |  |  |
| Older female health |  |  |  |  |

1. **Which of the population(s) in question #1 do you prefer NOT to clinically manage and why?**

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1. **What is your comfort and competency level with the following (please check appropriate box).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedure** | **Not comfortable/****competent** | **Minimal comfort/ competency** | **Moderate comfort/****competency** | **Completely comfortable/****competent** |
| Contraceptive prescribing |  |  |  |  |
| Breast exams |  |  |  |  |
| Pap tests |  |  |  |  |
| Implanting contraceptives |  |  |  |  |

**4. Please provide any notes or comments regarding questions #1 or #3 (OPTIONAL)**

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