

**Pediatric Hematology Oncology / Stem Cell Transplant  
Nurse Practitioner Graduate Fellowship Program**



**TEXAS CHILDREN'S CANCER AND HEMATOLOGY CENTER'S NURSE PRACTITIONER  
GRADUATE FELLOWSHIP APPLICATION**

Mail to: **Texas Children's Cancer Center**  
**ATTN: Shiley Aguilar MSN, RN, FNP-C**  
**6701 Fannin Street, Ste. 1580.06**  
**Houston, Texas 77030**  
 Email: [slaquil1@texaschildrens.org](mailto:slaquil1@texaschildrens.org)

**FAX: 832-825-9088**  
**ATTN: Donye Smith**

*Administrative Use Only*  
 Date Received:

**APPLICANT INFORMATION**

Name: Last		First	Middle	Present Address:
Telephone: Home / Cell		Telephone: Work		Social Security Number:
Current Home Address:				Permanent Home Address (if different from Current Address):
Are you a U. S. CITIZEN?		YES	NO	
Will you need local housing information?		YES	NO	

**EDUCATION**

Undergraduate Education:	Degree:	From (mm/yy):	To (mm/yy):
Nursing School:	Degree:	From (mm/yy):	To (mm/yy):
Other Degrees:	Degree:	From (mm/yy):	To (mm/yy):

## EMPLOYMENT

Hospital:	Title / Responsibilities:	From (mm/yy):	To (mm/yy):
Hospital:	Title / Responsibilities:	From (mm/yy):	To (mm/yy):
Hospital:	Title / Responsibilities:	From (mm/yy):	To (mm/yy):
Hospital:	Title / Responsibilities:	From (mm/yy):	To (mm/yy):

## PROFESSIONAL LICENSES/CERTIFICATION

Type of License / State	License #	Date of Receipt: (mm/yy):	Date of Exp. (mm/yy):
Type of Certification	Cert. #	Date of Certification	If not, Date of Schedule Testing (mm/yy)
Type of Certification	Cert. #	Date of Certification	Date of Exp.

List membership in Honorary or Professional Societies, prizes, awards, publications:

SKILLS/COMPETENCIES (Check if competent in these skills)

Physical Exam

History Taking

Developmental Assessment

Bone Marrow Aspiration

Bone Marrow Biopsy

Lumbar Puncture

Intrathecal Chemotherapy Administration

IV Starting

Needle placement in Portacaths

Central line catheter care

Chemotherapy administration and side effects

Interpreting peripheral blood smears

Interpreting Bone Marrow slides

Teaching families and children about cancer and its treatment

Understanding treatment protocols for childhood cancer treatment

Managing side-effects of childhood cancer treatment

Fundamentals of Hematopoietic Stem Cell Transplant

HSCT treatment and side effects

Anemias

Thrombocytopenias and Coagulopathies

Neutropenias

COMMENTS:

SUMMARIZE YOUR WORK EXPERIENCE WITH CHILDREN WHO HAVE HAD CANCER, BLOOD DISORDERS OR A HEMATOPOEITIC STEM CELL TRANSPLANT. IN THE SPACE BELOW, PLEASE DESCRIBE YOUR INTEREST IN THE FELLOWSHIP PROGRAM AT TEXAS CHILDREN'S HOSPITAL AND WHY YOU ARE APPLYING. PLEASE TYPE YOUR RESPONSE.

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Applicant Signature

Date

## REFERENCES

Please provide the name and email address of professional colleague, instructor or supervisor who is acquainted with your academic and professional experience.

Name and Title:	Email Address:	Telephone:

Which Clinical Experiences are you interested in? Check 4 top interests:

- Leukemia
- Lymphoma/Histio
- Hematology – Bone marrow failure
- Hemostatis / Thrombosis / Vascular anomalies
- Hematology – Sickle Cell
- Hematopoietic Stem Cell Transplantation
- Solid Tumors [bone tumors, liver tumors, retinoblastoma, rare tumors]
- Neuro Oncology [brain tumors, neuroblastoma]
- Palliative Care and Developmental Therapeutics will be provided as a basic component to every Fellow.

Other specialty interests:

## CHECKLIST

Along with this application, please provide the following:

Full CV

Letters of Recommendation. Can be emailed to email address below.

Texas RN License

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I certify that the information submitted in this application is true, complete and accurate. I understand that any misrepresentation will be cause for denial of appointment. Application on line is acceptance of the disclaimer without signature.

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Signature

Date

Email to [slaguil1@texaschildrens.org](mailto:slaguil1@texaschildrens.org) or [dksmith@txch.org](mailto:dksmith@txch.org)

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