North Carolina Department of Health and Human Services
Application for Child Health Enhanced Role Registered Nurse Training Program

Instructions:

Please complete the information below to apply for participation in the the Child Health Training Program.

1. **Last Name:** *

2. **First Name** *

3. **RN License #** *

4. **Highest Nursing Degree Earned** *

- ADN
- BSN
- MSN
- Other

5. **Agency Name:** *

Alamance County Health Department
Albemarle Regional Health Services
Alexander County Health Department
Anson County Health Department
Appalachian District Health Department
Beaufort County Health Department
Bladen County Health Department
Brunswick County Health and Human Services
Buncombe County Health and Human Services, Department of Health
Burke County Health Department
Cabarrus Health Alliance
Caldwell County Health Department
Carteret County Health Department
Caswell County Health Department
Catawba County Public Health
Chatham County Public Health Department
Cherokee County Health Department
Clay County Health Department
Cleveland County Health Department
Columbus County Health Department
Craven County Health Department
Cumberland County Health Department
Dare County Department of Health & Human Services — Public Health Division
Davidson County Health Department
Davie County Health Department
Duplin County Health Department
Durham County Department of Public Health
Edgecombe County Health Department, a Division of Edgecombe Human Services Agen
Forsyth County Department of Public Health
Franklin County Health Department
Gaston County Department of Health and Human Services — Public Health Division
Graham County Department of Public Health ♦
Granville-Vance District Health Department
Greene County Health Department
Guilford County Department of Health and Human Services – Division of Public Health
Halifax County Health Department
County of Harnett

Haywood County Health & Human Services Agency
Henderson County Department of Public Health
Hoke County Health Department
Hyde County Health Department
Iredell County Health Department
Jackson County Department of Public Health
Johnston County Public Health Department
Jones County Health Department
Lee County Health Department
Lenoir County Health Department
Lincoln County Health Department
Macon County Public Health
Madison County Health Department
Martin-Tyrrell-Washington District Health Department
Mecklenburg County Health Department
Montgomery County Health Department
Moore County Health Department
Nash County Health Department
New Hanover County Health Department
Northampton County Health Department
County of Onslow
Orange County Health Department
Pamlico County Health Department
Pender County Health Department
Person County Health Department
Pitt County Health Department
Randolph County Health Department
Richmond County Health and Human Services Department
Robeson County Department of Public Health
Rockingham County Department of Health and Human Services
Rowan County Health Department
Rutherford-Polk-McDowell District Health Department
Sampson County Health Department
Scotland County Health Department
Stanly County Health Department
Stokes County Health Department
Surry County Health and Nutrition Center
Swain County Health Department
Toe River Health District
Transylvania County Department of Public Health
Union County Consolidated Human Services Agency, Division of Public Health
Wake County Human Services
Warren County Health Department
Wayne County Health Department
Wilkes County Health Department
Wilson County Health Department
Yadkin County Human Services Agency

6. **Health Department Address (line 1):** *

7. **Health Department Address (line 2):** *

8. **Email Address:** *

9. **Phone Number** - Direct work number (with extension if applicable) *

10. **Cell Phone Number** *

11. **Type of Employment:** *

- **Full-time**
- **Part-time**
- **Contract service**

12. Please document dates (from/to) for each of the specialty areas with which you have past of present experience (choose all that apply): *

	Generalized
	School Health
	Child Health
	Other (specify)

13. Indicate your nursing education date issued month/year (choose all that apply): *

Diploma	
Associates Degree	
Baccalaureate Degree	
Master's Degree	
Doctorate Degree	
Other (please specify)	

14. Please indicate the date completed or the expected date of completion for the *North Carolina Credentialed Public Health Nursing Course* *

Scan a copy of your certificate and email to CHTP@dhhs.nc.gov

If you do not have a copy of your certificate, the Office of Chief Public Health Nurse at the N.C. Division of Public Health, office number 919-707-5130, maintains course rosters.

15. Preceptor Qualifications: The primary preceptor must be an advanced practice provider or physician. **It is strongly recommended that the provider have a specialty of Pediatrics or Family Medicine.** Secondary preceptor(s), if applicable, may be a rostered CH ERRN with a minimum of 2 years clinical practice. *(Put NA for fields not applicable)* *

Nurse Practioner	
Physician Assistant	
Physician	
CH ERRN (secondary preceptor only)	

16. Provide the following information on the primary preceptor and secondary preceptor *(Put NA for fields not applicable)*: *

	Primary preceptor	Secondary preceptor (if applicable)
Name		
Health Department Address		
Phone		
Email Address		

17. Provide the following information on the Nursing Director and Clinical Supervisor *(Put NA for fields not applicable)*: *

	Nursing Director	Clinical Supervisor
Name		
Health Department Address		
Office Phone		
Cell Phone		
Email Address		

18. Provide the following information regarding the physician who will provide standing orders (if applicable): *

	Medical Director who receives/approves nursing standing orders and provides ongoing consultation
Name	
Office Phone	
Email Address	

To be Completed by the Nurse Supervisor

19. Please describe your agency plan for the utilization of and support for this enhanced role nurse: *

20. How many CH ERRNs does your agency currently have on staff? *

21. If your agency does not currently have any CH ERRNs on staff, has the agency previously had CH ERRNs on site in the past? If so, how long has it been since your agency has had a CH ERRN on staff? (If you currently have a CH ERRN put NA) *

22. Does the agency have other rostered enhanced role nurses, i.e., STD ERRNs? (Please specify) *

23. What Child Health services does your agency provide? (select all that apply): *

- [ ] Preventative visits only
- [ ] Both preventative and sick visits
- [ ] Newborn Home Visits
- [ ] Behavioral health services
- [ ] Medical Nutrition Therapy services,
- [ ] Adolescent Reproductive Health services
- [ ] Other child health clinical services (i.e. orthopedic clinic, etc.)

24. What access will the CH ERRN have for medical consultation?*

- [ ] Onsite medical consultation
- [ ] Medical consultation via phone
- [ ] Both

25. What electronic health record does your agency use?

Signatures

By signing, I am confirming my supervisor's permission and agency support for my participation in the Child Health Training Program.

26. Applicant Signature: *

27. Date of Applicant Signature: *

Region & Consultant

28. Regional Child Health Nurse consultant map *

- Region 1-Amanda Lambert
- Region 2-Robin Wallin
- Region 3-Brenda Sedberry
- Region 4-Angie Moody
- Region 5-Lynette Robinson

Thank You!

Thank you for completing the application. You will receive an email with a PDF copy or your completed application. Your Regional Child Health Nurse Consultant will be in touch soon.

** Important** Please click this link for Next Steps

If you do not receive a copy of your completed application, **do not complete the application again**. Contact Brenda Sedberry at brenda.sedberry@dhhs.nc.gov and she will send you a copy of your application.