Choose Well Hiring Incentive Information

Hiring incentives are available to advanced practice registered nurses at SC Department of Health and Environmental Control (DHEC) health clinics to participate in the Choose Well initiative. These incentives are made possible by a grant from the New Morning Foundation.

ELIGIBILITY:

Applicants must be an APRN employed full-time with SC DHEC and hired between January 1, 2017 and December 31, 2017. Applicants must participate in the Choose Well initiative. The number of available incentives is limited.

INSTRUCTIONS:

Complete the following application and return to Kristin Cochran at cochrak@musc.edu. An email will be sent to each applicant confirming the application is complete. If an email isn’t received within three business days, please email the South Carolina AHEC office at cochrak@musc.edu to confirm receipt.
Choose Well Recruitment Incentive Application

I. Personal Information

1. Name
   ______________________________ ___________________________ _____
   Last First MI

2. Current Home Address
   __________________________________________________________
   Address

   _________________________ __________________ __________
   City State Zip

3. Home Telephone
   __________________________________
   (With Area Code)

4. Current Work Address
   _______________________________________________________
   Business Name

   _______________________________________________________
   Address

   _________________________ __________________ __________
   City State Zip

5. Work Telephone
   __________________________________
   (With Area Code)

6. Email Address
   _________________________________

7. Are you Hispanic/Latino? (Yes/No) ______

8. Race (Please check all that apply)
   American Indian/Alaska Native □
   Asian □
   Black □
   Native Hawaiian or Other Pacific Islander □
   White □

9. Last 4 digits of your social security number (this information will be used to verify your employment with SC DHEC) __________________

II. Professional Background

1. School/Health Professions Program________________________________________________________

   Date of Graduation (Month/Year) ________________

   Is the health professions program an online program? (Yes/No) ______
If yes, please indicate the state where the majority of clinical training was completed

________________________________________

2. Are you Board/Professionally Certified? (Yes/No) ______

What Clinical Area(s)? __________________________________________

Date of Certification _______ (Month/Year)

3. South Carolina Licensing Agency _____________________________

South Carolina License Number _____________________________

III. Applicant Background Information

1. Place of Birth _____________________________       _______________________
    City                        State

2. Home Prior to College _____________________________       _______________________
    City                        State

3. High School at Time of Graduation________________________________________
    _____________________________       _______________________
    Name                        City                        State

4. College or University at Time of Graduation __________________________________
    _____________________________       _______________________
    Name                        City                        State

I understand that application to this program indicates a desire to commit to practice full time with SC DHEC providing family planning services as part of the Choose Well initiative.

________________________________________       _______________________
    Name                        Date