

# **12<sup>th</sup> Annual UMEC Advanced Practice Job Fair**

**for**  
**PAs, APRNs (CNMs, CNSs, CRNAs, NPs)**

**Where:** U of U, Health Sciences Education Bldg, Alumni Hall

**When:** Tuesday March 26, 2019, 6:00-8:00 PM

**Who:** Open to all PAs and APRNs (CNMs, CNSs, CRNAs, NPs) students and practitioners looking for a job in Utah.

**Meet many prospective employers in one convenient location.**

**Hors d'Oeuvres will be served. Come as you are, bring a friend or spouse.  
Don't forget your Resume`!**

This event is brought to you by the **Utah Medical Education Council (UMEC)** and sponsored by **HCA, IASIS, Intermountain Healthcare, and the Utah Hospital Association (UHA).**

**RSVP** – Julie Olson, 801-526-4550 or  
email: [juolson@utah.gov](mailto:juolson@utah.gov)

**You can also register at the door.  
Registration forms also available at  
[www.utahmec.org](http://www.utahmec.org).**

For a map of the venue see our website: [www.utahmec.org](http://www.utahmec.org)

**Parking coupon codes will be provided  
upon registration.**



# 12<sup>th</sup> Annual Utah Advance Practice Job Fair 2019

## Attendee Registration Form

Please register me for the 12<sup>th</sup> Annual Utah Advance Practice Job Fair held on **Tuesday March 26, 2019** from **6:00 to 8:00 p.m.** at the Health Sciences Education Building (Alumni Hall) on the University of Utah Campus . See UMEC website for directions and parking information – [www.utahmec.org](http://www.utahmec.org).

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Career Status: Student:  Certified & Not Working:  Certified & Working:

Certified in: \_\_\_\_\_

If Student, Year in Program: 1:  2:  Other: \_\_\_\_\_

Training Program Organization: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_

Permanent Email address: \* \_\_\_\_\_

(Please provide an email address that you will use after you graduate or leave current employment. We typically post and email job opportunities based on your area of interest throughout the year and down the road as recruitment needs arise.)

Alternate Email address (if any) : \_\_\_\_\_

**Areas of Interest:**\* (specialty, patient population you would like to serve, type of setting – hospital, clinic, other, etc. This information will be shared with potential employers, if you check the permission box below. Please provide as much detail as you can.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*The Utah Medical Education Council (UMEC) would like to follow up with you in the future to evaluate the impact of the fair on your practice choice. UMEC will use your contact information for this purpose only. UMEC will not share your personal information with any exhibitor unless you so designate.

Please share my information with the 2019 Advanced Practice Job Fair exhibitors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PLEASE SEND THE COMPLETED FORM TO:**

**UTAH MEDICAL EDUCATION COUNCIL**

**230 SOUTH 500 EAST, STE. 210**

**SALT LAKE CITY, UT 84102**

**(EMAIL) [JUOLSON@UTAH.GOV](mailto:JUOLSON@UTAH.GOV)**

**(FAX) 801 526 4551**