



**National University**  
**College of Professional Studies**  
**Department of Nursing**

**(Accepting California and Texas residents only)**

**\*Post-Graduate Advanced Practice Registered Nurse  
Certificate (PGC)**

**Admission Application**

**\*Please note there is a separate application for MSN Applicants**

Name of Student: \_\_\_\_\_ Student ID #: \_\_\_\_\_

**\*Post-Grad APRN Certificate Program Admission Requirements Checklist**

	Yes	No	Comments
Have completed the University <b>Application</b> for Graduate Admissions and meet the University requirements for graduate study, listed in the General Catalog under admission requirements			
Hold a master's or doctoral <b>degree</b> in nursing from a program that meets one of these criteria 1) State Board of Nursing approved, 2) Nationally accredited, 3) from a regionally accredited University/ School, if applicable.			
Provide proof of a current, active, and unencumbered <b>RN license</b> in the state of residence. ( <a href="http://www.nursys.com">www.nursys.com</a> )			License Number:
Have a <b>GPA</b> of at least 3.0 in graduate course work, on a 4.0 scale. Candidates with a GPA of 2.5-2.99 will be considered by MSN Admissions Committee on a case by case basis.			
Complete either the <b>course waiver</b> and include course descriptions <b>OR</b> fill out the APRN employment verification form. (see attachments)			
Provide at least two <b>Letters of Recommendation (LOR's)</b> preferably from individuals who hold graduate or doctoral degrees. (see attachments)			
Provide all official transcripts to <a href="mailto:Records@nu.edu">Records.@nu.edu</a> for evaluation and <b>attach MSN transcript to the application.</b>			
Provide a current professional <b>resume or CV</b>			
Provide a professional <b>goal statement</b>			
* <b>Recent NU BSN graduates</b> only need to have the application E-form filled out and include their RN license (must be unencumbered). Attachments above are NOT required.			License Number:

**Application Deadline and Start Dates:**

<b>*Post Grad Certificate: Start Date</b>	<b>Post Graduate Certificate: Application deadline:</b>
April 5 <sup>th</sup> , 2021	January 8 <sup>th</sup> 2021
October 4 <sup>th</sup> , 2021	July 9 <sup>th</sup> , 2021
April 4 <sup>th</sup> , 2022	January 7 <sup>th</sup> , 2022
<b>October 3<sup>rd</sup>, 2022</b>	July 8 <sup>th</sup> , 2022

**\*Please note:** Applicants who **do not have the 3P courses completed or waived**, will start their program with the next MSN cohort in either July or January to take the required courses. (You can refer to your Advisor)

**Post-Graduate Advanced Practice Registered Nurse (APRN) Certificate Program Admission Requirements:**

**I. Completed Application Form**

Please submit this application and associated materials to your Enrollment Advisor\*.

**II. \*Post-Secondary Official Transcripts**

- **Official transcripts** from all colleges and/or universities attended must be mailed in a sealed envelope to:

**National University Records Department**  
9980 Carroll Canyon Road  
San Diego, CA 92131.

\* During COVID 19, please email transcripts to **Records@nu.edu**.

- **An unofficial set of transcripts** must be attached to your application packet when submitted.

(Transcripts from foreign institutions must be translated and evaluated from a foreign transcript evaluation service provider approved by NU.)

**III. Personal Goals Statement**

The personal goals statement should be no more than two pages. It must be written in your own words. It should describe the applicant's:

- Interest in and potential for contributing to the field of nursing, and how the statement is aligned with

the mission of NU and the Department of Nursing Career objectives.

- A self-assessment of the applicant’s interpersonal skills, verbal and written skills, computer skills, and general preparation for succeeding in a graduate program in nursing.

**IV.**

**V. Recommendation Forms**

Two recommendation forms are required. These recommendations should preferably come from individuals who hold graduate or doctoral degrees. A copy of this form is attached to the application. (Please make sure to make a second blank copy)

Advisor (EA). *Completed documents must be delivered back to your Enrollment Advisor who will attach them to your application for submission.*

**VI. Resume or Curriculum Vitae (CV)**

Submit a current resume or curriculum vitae attached to the application.

**VII. Waiver for 3P Courses (with course descriptions) - Only for candidate elected to waive 3Ps courses:**

- NSG 681: **Advanced Physical Assessment** (taken within the last 5 years)
- NSG 682: **Advanced Pathophysiology** (taken within the last 7 years)
- NSG 641: **Advanced Pharmacology** (taken within the last 5 years)

**OR**

- **APRN Employment Verification form** (Please see attachments)

**Post-Graduate Advanced Practice Registered Nurse Certificate Program  
Application for Admission**

Please select which of the following certificates you are applying for:

	Family Nurse Practitioner Certificate
	Psychiatric/Mental Health Nurse Practitioner (Lifespan) Certificate

**RN Licensure:**

**In which states are you approved to practice as a Registered Nurse? (make sure to include CA and TX)**

**Biographical Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Gender: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different than permanent: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Use Mailing Address Until: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Emergency Contact Information:**

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

Relationship: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

**Citizenship Status:**

- ┆ U.S. Citizen
- ┆ U.S. Permanent Resident: Alien Reg. #: \_\_\_\_\_
- ┆ Non-Residential Alien Visa Type: \_\_\_\_\_ **Ethnicity (optional):**
- ┆ Asian/Pacific Islander
- ┆ American Indian/Alaskan Native
- ┆ Black/Non-Hispanic
- ┆ Latino/Hispanic
- ┆ White/Non-Hispanic
- ┆ Other

**Education:**

List all Colleges/Universities you have attended: (List most recent first)

<b>Name</b>	<b>City/State/Country</b>	<b>From: Month/Year</b>	<b>To: Month/Year</b>	<b>Degree/Program Major</b>

**Science-related courses (3Ps):** Advanced Pathophysiology, Advanced Pharmacology & Advanced Physical Assessment.

Course	School	Year	Grade Earned

**Employment:** (List most recent first)

Organization	City, State, Country	Title	Full-Time FT Part-Time PT	Years Employed

1. How did you learn about NU's Graduate degree program?

2. How did you learn about NU's Graduate degree program?

- Website
- College Fair
- Conference
- NU Student
- NU Alumni
- Other (please explain): \_\_\_\_\_

3. Date you took or intend to take the GRE (*optional*): \_\_\_\_\_

4. Date you requested or intend to request GRE scores to be sent to NU (*optional*): \_\_\_\_\_

5. Have you previously applied to NU?

- Yes, which year and term? \_\_\_\_\_
- No

6. Will you need financial aid?

- Yes
- No

7. If yes, have you completed the FAFSA?

- Yes
- No

8. Have you ever been disciplined, suspended, or expelled for conduct code violations from a postsecondary educational institution?

- Yes
- No

If yes, please explain in 100 words or less in the space provided or attach it separately.



Advisor (EA). *Completed documents must be delivered back to your Enrollment Advisor who will attach them to your application for submission.*

**VIII. Resume or Curriculum Vitae (CV)**

Submit a current resume or curriculum vitae attached to the application.

**IX. Waiver for 3P Courses (with course descriptions) - Only for candidate elected to waive 3Ps courses:**

- NSG 681: **Advanced Physical Assessment** (taken within the last 5 years)
- NSG 682: **Advanced Pathophysiology** (taken within the last 7 years)
- NSG 641: **Advanced Pharmacology** (taken within the last 5 years)

**OR**

- **APRN Employment Verification form** (Please see attachments)

**Post-Graduate Advanced Practice Registered Nurse Certificate Program**

**Application for Admission**

Please select which of the following certificates you are applying for:

	Family Nurse Practitioner Certificate
	Psychiatric/Mental Health Nurse Practitioner (Lifespan) Certificate

**RN Licensure:**

**In which states are you approved to practice as a Registered Nurse? (make sure to include CA and TX)**

**Biographical Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Gender: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address, if different than permanent: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Use Mailing Address Until: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Revised 3/3/21

E-mail address: \_\_\_\_\_

**Emergency Contact Information:**

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

Relationship: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

**Citizenship Status:**

- U.S. Citizen
- U.S. Permanent Resident: Alien Reg. #: \_\_\_\_\_
- Non-Residential Alien Visa Type: \_\_\_\_\_ **Ethnicity (optional):**
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Black/Non-Hispanic
- Latino/Hispanic
- White/Non-Hispanic
- Other

**Education:**

List all Colleges/Universities you have attended: (List most recent first)

<b>Name</b>	<b>City/State/Country</b>	<b>From: Month/Year</b>	<b>To: Month/Year</b>	<b>Degree/Program Major</b>

**Science-related courses (3Ps):** Advanced Pathophysiology, Advanced Pharmacology & Advanced Physical Assessment.

Course	School	Year	Grade Earned

**Employment:** (List most recent first)

Organization	City, State, Country	Title	Full-Time FT Part-Time PT	Years Employed

9. How did you learn about NU's Graduate degree program?

10. How did you learn about NU's Graduate degree program?

- Website
- College Fair
- Conference
- NU Student
- NU Alumni
- Other (please explain): \_\_\_\_\_

11. Date you took or intend to take the GRE (*optional*): \_\_\_\_\_

12. Date you requested or intend to request GRE scores to be sent to NU (*optional*): \_\_\_\_\_

13. Have you previously applied to NU?

- Yes, which year and term? \_\_\_\_\_
- No

14. Will you need financial aid?

- Yes
- No

15. If yes, have you completed the FAFSA?

- Yes
- No

16. Have you ever been disciplined, suspended, or expelled for conduct code violations from a postsecondary educational institution?

- Yes
- No

If yes, please explain in 100 words or less in the space provided or attach it separately.



### Advanced Practice RN Employment Verification

Experienced, practicing Advanced Practice Registered Nurse (APRN) can waive NSG 641 Advanced Pharmacology I, NSG 681 Advanced Physical Assessment, and NSG 682 Advanced Pathophysiology.

To waive these three courses you must be admitted in accordance with National University's existing admission requirements and processes for graduate level coursework, provide proof of your current, active and unencumbered APRN and RN License Certification, and you must be employed.

To validate your current employment, please complete the form below. Your name, company name and the date must be legible on the document.

**SECTION I: Employee's Information and Attestation**

I attest that I am currently employed as an Advanced Practice Registered Nurse with the organization mentioned in Section 1.

Student's Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Business Telephone \_\_\_\_\_ Work Email \_\_\_\_\_

Company \_\_\_\_\_ Job Title \_\_\_\_\_

Company Address \_\_\_\_\_

If you are not presently employed, indicate your last date of employment \_\_\_\_\_

License/Certification # and State \_\_\_\_\_ RN License # and State \_\_\_\_\_

**Please attach a copy of the job responsibilities.**

**Employee/Student Certification (to be completed and signed by person in Section I)**

**To the best of my knowledge, the information is true and correct. I authorize the release of employment information as requested below in Section II.**

Signature of Employee/Student \_\_\_\_\_ Date \_\_\_\_\_

**SECTION II: Employer Review and Verification (to be completed by current employer)**

The individual named in Section I is/was employed beginning \_\_\_\_\_

Please check one of the following boxes concerning the employee's status:

Still employed by the company Start date or total length in position: \_\_\_\_\_

Voluntary termination effective \_\_\_\_\_  Involuntary termination effective \_\_\_\_\_

**CERTIFICATION:** I attest that I have examined the document(s) presented by the above-named employee, (1) the above information appears to be genuine and relates to the employee named, and (2) to the best of my knowledge the student is a current employee.

Signature of person completing Employer's Section \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Business Telephone \_\_\_\_\_

Business Email \_\_\_\_\_



National University  
 School of Health and Human Services  
 Department of Nursing

**Post graduate FNP or PMHNP Certificate  
 Course Waiver Form**

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_  
 Admissions Advisor Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Program: \_\_\_\_\_

**Instructions:** Complete form and submit with Program Application Packet to your Admissions Advisor. Attach course descriptions and copy of unofficial transcripts.

Course	Year Taken/ Grade	Met by Outside Course Number:	University Name
<b>Advanced Nursing Practice Courses</b>			
NSG 681 Advanced Physical Assessment <i>(within 5 years)</i>			
NSG 682 Advanced Pathophysiology <i>(within 7 years)</i>			
NSG 641 Advanced Pharmacology I <i>(within 5 years)</i>			
<b>FNP or PMHNP Specialty Courses</b>			
Course	Year Taken	Met by Outside Course	University Name

**NOTE TO STUDENT & ADVISOR:** This course waiver request must also be approved by the Office of the Registrar in addition to faculty approval. Please work with your Admissions Advisor to submit this request via the Course Waiver e-form in the SOAR Portal once you have been formally evaluated. You will be notified via email when the course waiver has been reviewed and a decision is made.

As Academic Program Director of the Post Graduate **Family Nurse Practitioner/ Psychiatric Mental Health Nurse Practitioner** Certificate program at National University, I approve the above course waivers into National University.

X \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Academic Program Director of Post-Graduate FNP/PMHNP Certificate*

**Attached course descriptions**



**National University**  
**College of Professional Studies**  
**Department of Nursing**  
**Post Graduate Certification**  
**EMPLOYMENT RECOMMENDATION FORM**

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

Dear Recommender:

You are receiving this message because the applicant below is applying for admission to National University's Master of Science in Nursing Program (MSN) and has chosen you to complete a recommendation form on his/her behalf.

Applicant's Name: \_\_\_\_\_

Program Specialization: \_\_\_\_\_

**Recommendation Instructions:** Recommendations are intended to provide a professional evaluation of the applicant's potential for academic success in graduate study. We are seeking applications from individuals who possess the intellectual and interpersonal qualities essential for an advanced practice nurse. We encourage your professional and personal candidness in providing an honest and thorough evaluation of the applicant. Please note that this recommendation form and its contents are kept confidential.

1. Your relationship to applicant?

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

2. What do you consider are the limitations or areas in need of improvement for this individual? \_\_\_\_\_

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

3. Please rate the applicant by checking the appropriate box for each appraisal category:

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1=Inadequate Opportunity to Observe, 2=Below Average, 3=Average, 4=Above Average, 5=Exceptional,

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Interpersonal skills & ability to work well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Additional Comments:**

Please comment on any other qualities/characteristics that you think we should take into consideration as we process their MSN application.

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**5. In summary, I would make the following applicant recommendation:**

Strongly Recommend     Recommend     Recommend with Reservations     Do Not Recommend

**Please Type or Print:**

Your Name & Academic Credentials: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

**Please return this Recommendation Form to Enrollment Advisor or to the applicant.**

Thank you.



**Certification/Signature:**

*I certify that all the information I have provided on this application is complete, factually correct, and accurate. I understand that falsification, misrepresentation or omission of information on this application and/or my credentials may result in the denial or revocation of admission and if enrolled, will result in disciplinary action including dismissal from the National University College of Professional Studies Department of Nursing.*

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Applicant's Signature

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Date