



National University
College of Professional Studies
Department of Nursing

***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 Application 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 degree 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 RN license in the state of residence. (www.nursys.com)			
Have a GPA 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			
Provide one official transcript from each college or university attended			
Have two professional recommendations forms, preferably from individuals who hold graduate or doctoral degrees			
Provide a current professional resume or CV			
Provide a professional goal statement			

Application Deadline and Start Dates:

Application Deadline:	Post Grad Certificate: Start Date	(Waiving 3P’s) Application Deadline:	(Waiving 3P’s Application) Start Date
1st Friday in November	January 6, 2020	1 st Friday in February	April 6, 2020
1st Friday in May	July 6, 2020	1 st Friday in August	October 5, 2020
1st Friday in November	January 4, 2021	1 st Friday in February	April 5, 2021

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.

- **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. Recommendation Forms

Two recommendation forms are required. These recommendations should preferably come from individuals who hold graduate or doctoral degrees. These forms will be sent to you by your Enrollment Advisor (EA). ***Completed documents must be delivered back to your Enrollment Advisor who will attach them to your application for submission.***

V. Resume or Curriculum Vitae (CV)

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

VI. 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** (from your Enrollment Advisor if needed)

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

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)

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

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?
 - Website
 - College Fair
 - Conference
 - NU Student
 - NU Alumni
 - Other (please explain): _____

2. Date you took or intend to take the GRE (*optional*): _____

3. Date you requested or intend to request GRE scores to be sent to NU (*optional*): _____

4. Have you previously applied to NU?
 - Yes, which year and term? _____
 - No

5. Will you need financial aid?
 - Yes
 - No

6. If yes, have you completed the FAFSA?
 - Yes
 - No

7. 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.

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.

Applicant's Signature

Date