



National University
School of Health and Human Services
Department of Nursing

Post-Graduate Advanced Practice Registered Nurse Certificate

Admission Application

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

I. Completed Application Form

Please submit this application and associated materials to your Enrollment Specialist at MSNProgram@nu.edu.

II. Post-Secondary Official Transcripts

Official transcripts from all college and/or universities attended must be mailed directly from your academic institution in a sealed envelope to the National University Registrar's Office. Transcripts from foreign institutions must be translated and evaluated from a foreign transcript evaluation service provider approved by NU.

Unofficial transcripts will not be accepted.

Submit the official transcripts to:

National University
Office of the Registrar
Department of Records
9980 Carroll Canyon Rd
San Diego, CA 92131

III. TOEFL Scores

Applicants to the National University nursing programs who have graduated from foreign institutions of higher education at which English was the language of instruction, or who have successfully passed the NCLEX-RN or NCLEX-PN licensure examinations, will be permitted to waive the TOEFL English proficiency requirement.

IV. 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, and
- 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.

V. Recommendation Forms

Submit three recommendation forms (required). These recommendation forms should preferably come from individuals who hold graduate or doctoral degrees. A form is provided at the end of this packet for you to use. Letters are accepted in addition to, but not in place of, the recommender forms.

VI. Resume or Curriculum Vitae (CV)

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

VII. Application Deadline

Start Date	Application Deadline
January 2019	Monday, November 26 th
July 2019	May 27 th , 2019

Name of Student: _____ Student ID #: _____

Post-Grad APRN Certificate 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 regionally and CCNE and/or NLNAC accredited program in nursing			
Minimum of one year of clinical experience as RN or equivalent (evaluated on a case by case basis)			
Provide proof of a current, active, and unencumbered RN license in the state of residence and/or where the clinical preceptored placements will occur. (www.nursesys.com)			
Have a GPA of at least 3.0 on a 4.0 scale			
Provide three completed Recommender Forms			
Provide the NU Registrar with one official transcript from each college or university attended			
Provide a current professional resume			
Provide a professional goal statement			
Complete an admission interview (if applicable)			

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:

Please complete the Post Graduate APRN Certificate Course waiver sheet.

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 on another sheet of paper.

International Applicant Information:

For applicants whose native language is not English or for those who have not earned a degree from an U.S. institution or passed the NCLEX and been licensed as an RN in the US:

Primary language: _____

Language used in college instruction: _____

Date you took or intend to take the Test of English as a Foreign Language (TOEFL):

Date you requested or intent to request scores to be sent to NU:

Non-U.S. Citizens Only (whether in this country or applying from abroad):

Type of Visa requested:

<input type="checkbox"/> F-1	<input type="checkbox"/> F-2	<input type="checkbox"/> J-1	<input type="checkbox"/> J-2	<input type="checkbox"/> H-1
<input type="checkbox"/> H-2	<input type="checkbox"/> B-1	<input type="checkbox"/> B-2	<input type="checkbox"/> Refugee/Asylee	<input type="checkbox"/> Other

Is this Visa currently held?

- Yes
- No

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 School of Health and Human Services Department of Nursing.

Applicant's Signature

Date

Enrollment Counselor

Date Received

Post-Graduate Advanced Practice Registered Nurse Certificate Program
Recommendation Form

SECTION I: APPLICANT INSTRUCTIONS: Applicants to the Post-Graduate Advanced Practice Registered Nurse Certificate Program are required to have three letters of reference that provide a professional evaluation of the applicant’s potential for academic success in graduate study. These recommendation forms should preferably come from individuals who hold graduate or doctoral degrees. The applicant gives the Recommendation Form to each recommender who can send the form directly to MSNprogram@nu.edu.

Please print, sign, and date the following information and return to the above address.

APPLICANT NAME:

LastFirstMiddle

I hereby voluntarily waive and relinquish any right of access to this confidential recommendation form:

Applicant SignatureDate

I retain my right of access to this Recommendation Form:

Applicant SignatureDate



National University
School of Health and Human Services
Department of Nursing

**POST-GRADUATE ADVANCED PRACTICE REGISTERED NURSE CERTIFICATE
PROGRAM
RECOMMENDATION FORM**

Date: _____

Dear Recommender:

You are receiving this message because the applicant below is applying for admission to National University's Post-Graduate Advanced Practice Registered Nurse Certificate Program (APRN) and has chosen you to complete a recommendation form on his/her behalf.

Applicant's Name: _____

Applicant's Email: _____

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. How long have you known the applicant and in what capacity?

2. What do you consider are the strengths, talents, and/or characteristics of this individual?

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

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

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

	1	2	3	4	5
Interpersonal skills & ability work 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"/>

6. Additional Comments:

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

7. 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: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Signature: _____ Date: _____

Please return this Recommendation Form via email at MSNprogram@nu.edu.

Thank you.

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