



NATIONAL
UNIVERSITY

National University
College of Professional Studies
Department of Nursing

Post-Graduate Advanced Practice Registered Nurse Certificate (PGC) Application

(Accepting California and Texas residents ONLY)

*****Please note there is a separate application for MSN applicants*****

The Baccalaureate degree program in nursing, Master's degree program in nursing, and Post-Graduate APRN Certificate programs at National University is accredited by the Commission on Collegiate Nursing Education:

655 K Street NW, Suite 750
Washington, DC 20001, 202-887-6791

Name of Student: _____ Student ID #: _____

Post-Grad APRN Certificate Program Admission Requirements Checklist – Please check off that all documents are included, and complete or application will be considered incomplete and sent back.

	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 or is Regionally accredited.			
Provide proof of a current, active, and unencumbered RN license in the state of residence. (www.nursys.com)			License Number:
If you hold a current NP license in any State, it must be unencumbered. Please provide proof of this licensure (Only for nurses who already hold an NP license, such as Nurse Midwife, Nurse Anesthetist, FNP, PNP, PMHNP, etc.)			License Number:
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 under conditional admission.			
Complete the Course Waiver Form (pg. 11) and include course descriptions OR fill out the APRN Employment Verification Form (pg. 12).			
Provide at least two Letters of Recommendation (LOR's) preferably from individuals who hold graduate or doctoral degrees (pg. 9-10).			
Provide all official transcripts to Records@nu.edu for evaluation AND attach unofficial MSN transcripts to the application.			
Provide a current professional resume or CV.			
Provide a professional goal statement.			
Recent NU BSN graduates (w/in 2yrs): ONLY need to have the application E- form filled out, include their unencumbered RN license, and provide an updated resume. Must be utilizing your RN license.			License Number:

Application Deadline:	Start Date (ALL 3P's waived)	Start Date (Taking one or more 3P courses)
Friday, July 8 th , 2022	October 3rd, 2022, Cohort	January 3rd, 2023, Cohort
Friday, January 6th, 2023	April 4 th , 2023, Cohort	July 3 rd , 2023, Cohort
Friday, July 7 th , 2023	September 25 th , 2023, Cohort	January 8 th , 2024, Cohort
Friday, January 12 th , 2024	April 8 th , 2024, Cohort	July 8 th , 2024, Cohort

Start and Orientation Dates (3P's waived):

- October 3rd, 2022/ **Orientation - Friday, August 26th, 2022**
- April 4th, 2023 / **Orientation - Friday, February 17th, 2023**
- October 2023 / **Orientation – Friday, August 18th, 2023**
- April 2024/ **Orientation – Friday, February 23rd, 2024**

Start and Orientation Dates: (Taking one or more 3P courses):

- January 3rd, 2023/**Orientation - Friday, November 18th, 2022**
- July 3rd, 2023/**Orientation - Friday, May 19th, 2023**
- January 8th, 2024/ **Orientation - Friday, November 17th, 2023**
- July 8th, 2024/**Orientation: Friday, May 24th, 2024**

Advanced Practice Registered Nurse (APRN) Certificate Program Admission Requirements:

- I. **Completed Application Form:**
Submit this application and associated materials to your Enrollment Advisor.
- II. **Post-Secondary Official Transcripts:**
Send official transcripts sent directly to Records@nu.edu. If your school does not offer this option, please have official sealed transcripts mailed 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 an approved evaluation agency).

III. Personal Goals Statement:

The personal goals statement should be no more than two pages. It should include your interest in and your 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.

IV. Recommendation Forms:

Two Letter of Recommendation forms are required (pg.8). These recommendations should preferably come from individuals who hold graduate or doctoral degrees.

V. Resume or Curriculum Vitae (CV):

Provide a current resume or curriculum vitae.

VI. Course Waiver Form plus course descriptions (syllabi):

- 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

An APRN Employment Verification Form (see attachment)

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

Application for Admission

Please select which of the following certificates you are applying for and tell us which states you can practice in:

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

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

*****Make sure your handwriting is legible or application will be sent back to your Enrollment Advisor which will impact your acceptance and start date. *****

Biographical Information:

Last Name: _____ First Name: _____ MI: _____

Birth Date: _____ SS Number: _____

Marital Status: _____ Gender: _____

Place of Birth: _____

Permanent Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

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

Course Prefix and Number	Institution	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.

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



National University School of Health and Human Services
Department of Nursing

EMPLOYMENT RECOMMENDATION FORM #1

**** Please ensure recommendations are on these forms. No other forms or letters are necessary or will be accepted. ****

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/SID: _____

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:

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

	1	2	3	4	5
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 skills:	<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.

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

☐

Strongly recommend

☐

Recommend

☐

with Reservation

☐

Strong Reservation

Please Type or Print:

Your Name & Academic Credentials: _____

Title: _____

Organization: _____

Signature: _____

Date: _____

***** Please return this Recommendation Form to the applicant *****

Thank you,

National University
Nursing Department



National University School of Health and Human Services
Department of Nursing

EMPLOYMENT RECOMMENDATION FORM #2

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/SID: _____

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.

5. Your relationship to applicant?

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

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

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

	1	2	3	4	5
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 skills:	<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"/>

8. Additional Comments:

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

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

☐

Strongly recommend

☐

Recommend

☐

with Reservation

☐

Strong Reservation

Please Type or Print:

Your Name & Academic Credentials: _____

Title: _____

Organization: _____

Signature: _____

Date: _____

***** Please return this Recommendation Form to the applicant *****

Thank you,
National University
Nursing Department



National University School of Health and Human Services
Department of Nursing

PGC FNP or PMHNP Certificate Course Waiver Form

Student Name:
Admissions Advisor Name:
Program:

Student ID #
Date:

Courses are eligible for waiver only if the courses are deemed comparable in credit hours and content to the NU courses, and the student must have earned a grade of B or higher in the course. Courses with grades of B- or lower will not be accepted. Additionally, ONE of the following 2 conditions must be met: 1. The courses are 5/7 years old or less (Complete Course Waiver Form pg. 11). 2. The applicant provides evidence that he/she is currently working as a Nurse Practitioner, with prescription writing privileges (Complete form Licensed Nurse Practitioner Employment Verification pg. 12).

Instructions: Complete the Course Waiver Form and attach course descriptions along with a copy of the unofficial transcripts where the 3Ps were completed. Please submit with Application Packet to your Admissions Advisor.

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

NOTE TO STUDENT & ADVISOR: This course waiver request must also be approved by faculty in addition to the Registrar. You will be notified via email when the course waiver has been reviewed and a decision is made.



National University School of Health and Human Services
Department of Nursing

Licensed Nurse Practitioner Employment Verification

Experienced, practicing, licensed nurse practitioners 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 along with being currently 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 I.

Student's Name: _____ Student ID Number: _____

Business Telephone: _____ Work Email: _____

Company: _____ Job Title: _____

Company Address: _____

If not currently employed, indicate your last employment date: _____

License/Certification # and State/s: _____

RN License and State/s: _____

Please attach a copy of your job duties/responsibilities.

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

Signature of Employee/Student: _____ Print Name: _____

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

The individual named in Section I is/was employed beginning: _____

The current status is: (please check one of the following)

☐ Still employed by the company Start date: _____

☐ Voluntary termination effective: _____

☐ Involuntary termination effective: _____

CERTIFICATION: I attest that I have examined the documents/s presented by the above-named employee and have determined that 1. The information appears to be genuine to the employee named and is correct, 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 phone: _____ Business Email: _____