



National University  
College of Health Professions  
Department of Nursing

**Post-Graduate Advanced Practice Registered Nurse  
Certificate (PGC) Application  
2022 - 2024**

(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 Graduate Certificate Admission Requirements Checklist

Check off all documents – *Students are responsible to ensure ALL documentation is included and complete. Make sure all items are attached. Scan and send together in one document.*

**\*\*Incomplete or incorrect submissions will not be accepted. \*\***

	Yes	No	Comments
1. Complete University Application for Graduate Admissions and meet the University requirements for graduate study, listed in the General Catalog under admission requirements.			
2. Include unofficial set of transcripts of an MSN or doctoral degree in nursing from a program that meets one of these criteria 1) State Board of Nursing approved OR 2) Regionally accredited.			
3. Provide proof of a current, active, and unencumbered RN license in the state of residence ( <a href="http://www.nursys.com">www.nursys.com</a> ).			License Number:
3B. 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:
4. 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.			MSN Cumulative GPA:
5. Provide at least two Letters of Recommendation (LOR's) preferably from individuals who hold graduate or doctoral degrees (forms included – pg. 8-9).			
6. Complete the Course Waiver Form (pg. 11) and include course descriptions OR fill out the APRN Employment Verification Form (pg. 12) if seeking to waive 3Ps.			
7. Send all official transcripts to <a href="mailto:Records@nu.edu">Records@nu.edu</a> for official evaluation (in addition to unofficial set attached to application)			
8. Provide a current professional resume or CV.			
9. Provide a professional goal statement (see pg. 4 for prompt and instructions).			

Application Deadline:	Start Date (ALL 3P's waived)	Start Date (Taking one or more 3P courses - student start will be pushed back 3 months)
Friday, July 8 <sup>th</sup> , 2022	September 26 <sup>th</sup> , 2022, Cohort	January 3 <sup>rd</sup> , 2023, Cohort
Friday, January 6 <sup>th</sup> , 2023	April 4 <sup>th</sup> , 2023, Cohort	July 3 <sup>rd</sup> , 2023, Cohort
Friday, July 7 <sup>th</sup> , 2023	September 25 <sup>th</sup> , 2023, Cohort	January 8 <sup>th</sup> , 2024, Cohort
Friday, January 12 <sup>th</sup> , 2024	April 8 <sup>th</sup> , 2024, Cohort	July 8 <sup>th</sup> , 2024, Cohort

Orientation Dates according to start date: (3P's waived):

- | Start date:                     | Orientation Date:                        |
|---------------------------------|--|
| • Sept. 26 <sup>th</sup> , 2022 | Friday, August 26 <sup>th</sup> , 2022   |
| • April 4 <sup>th</sup> , 2023  | Friday, February 17 <sup>th</sup> , 2023 |
| • Sept. 25 <sup>th</sup> , 2023 | Friday, August 18 <sup>th</sup> , 2023   |
| • April 8 <sup>th</sup> , 2024  | Friday, February 23 <sup>rd</sup> , 2023 |

Orientation Dates according to start date: (Taking one or more 3P courses):

- | Start Date:                      | Orientation Date:                        |
|----------------------------------|--|
| • January 3 <sup>rd</sup> , 2023 | Friday, November 18 <sup>th</sup> , 2022 |
| • July 3 <sup>rd</sup> , 2023    | Friday, May 19 <sup>th</sup> , 2023      |
| • January 8 <sup>th</sup> , 2024 | Friday, November 17 <sup>th</sup> , 2023 |
| • July 8 <sup>th</sup> , 2024    | Friday, May 24 <sup>th</sup> , 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 directly to [Records@nu.edu](mailto: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 (or 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 \*\*\***

**Personal Information**

**Please either type or clearly write the information below:**

Select which of the following specializations you are applying for:

<input type="checkbox"/>	Specialization in Family Nurse Practitioner
<input type="checkbox"/>	Specialization in Psychiatric/Mental Health Nurse Practitioner (Lifespan)

**RN Licensure:**

**In which states are you approved to practice as a Registered Nurse? (Must include CA or TX):** \_\_\_\_\_

**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: \_\_\_\_\_

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

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

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

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

- Website

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

2. Have you previously applied to NU?

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

3. Will you need financial aid?

- Yes
- No

4. If yes, have you completed the FAFSA?

- Yes
- No

5. 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,

Works well with others and in a team:    1                    2                    3                    4                    5  
\_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_

Good with making clinical decisions:    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_

Exudes a professional demeanor:    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_                    \_\_\_\_\_

4. Additional Comments:

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

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

Strongly recommend

Recommend

With Reservation

Strong Reservation

**Please Type or Print:**

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

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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

**\*\* 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.

4. Your relationship to applicant?

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. 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

Works well with others and in a team:    \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Good with making clinical decisions:    \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

Exudes a professional demeanor:        \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

4. Additional Comments:

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

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

Strongly recommend

Recommend

With Reservation

Strong Reservation

**Please Type or Print:**

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

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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: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Courses are eligible for waiver only if they 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. Courses must have also been taken within 5/7 years or less.

**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 Advisor.

Course	Year Taken	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 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

PGC FNP or PMHNP Certificate

### 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, students must be admitted in accordance with National University's admission requirements, and 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.

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

*I attest that I am currently employed as an Advanced Practice Registered Nurse with the organization mentioned below:*

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: \_\_\_\_\_