



National University  
School of Health Professions  
Department of Nursing

# Post-Graduate Certificate (PGC) Application Packet

**(Accepting California and Texas Residents ONLY)**

*\*Please complete application packet, attach ALL required documents, and return to advisor\**

PGC Program Application Deadline:	PGC Program Start Date (if all 3Ps waived):	PGC Program Start Date (if taking one or more Ps – student start will be pushed back 3 months):
Friday, January 12 <sup>th</sup> , 2024	April 8 <sup>th</sup> , 2024	July 8 <sup>th</sup> , 2024
Saturday, June 8 <sup>th</sup> , 2024	September 30 <sup>th</sup> , 2024	January 6 <sup>th</sup> , 2025
Saturday, January 11 <sup>h</sup> , 2025	April 7 <sup>th</sup> , 2025	July 7 <sup>th</sup> , 2025
Saturday, June 7 <sup>th</sup> , 2025	September 29 <sup>th</sup> , 2025	January 5 <sup>th</sup> , 2026
Saturday, January 10 <sup>th</sup> , 2026	April 6 <sup>th</sup> , 2026	July 6 <sup>th</sup> , 2026

**\*\*NOTE: There is a separate application for MSN applicants\*\***



The master’s degree program in nursing at National University is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791.





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## PGC Admission Requirements Checklist

**Instructions:** Please check off items – *Students are responsible for ensuring ALL documentation is complete and included in their application packet. **The MSN Admissions Committee reserves the right to cancel any application packet that is incomplete and/or without ALL the required documents.***

	Complete	Comments
1. Complete online University Application for Graduate Admissions and meet the University requirements for graduate study listed in the General Catalog under admission requirements.	<input type="checkbox"/>	
2. Provide proof of master’s or doctoral degree in nursing from a program that meets one of these criteria: 1) State Board of Nursing approved, 2) Regionally accredited University/School, 3) Nationally accredited nursing program, and meet the University requirements for graduate study, listed in the General Catalog under Academic Information for Graduate Degrees.	<input type="checkbox"/>	
3. Provide proof of a current, active, and unencumbered RN license in the state of residence (CA or TX).	<input type="checkbox"/>	RN License #:  State:
3a. Students who hold an NP license and currently work in a patient care setting, will also need to provide proof of current, active, and unencumbered RN license in the state of residence.	<input type="checkbox"/>	NP License #:  State:
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.	<input type="checkbox"/>	MSN Cumulative GPA:  School Name:
5. Complete the professional goal statement form found on pg. 5.	<input type="checkbox"/>	
6. Complete the PGC Course Waiver Form (found on pg. 6) and attach course descriptions for each course if seeking to waive 3Ps and NSG 600/NSG 680.  If PGC Course Waiver Form is found incomplete or missing and/or course descriptions for each course are not attached, application will be canceled.	<input type="checkbox"/>	
6a. Students who hold an NP license and currently work in a patient care setting will need to also complete Advanced Practice Registered Nurse (APRN) Employment Verification Form (found on pg. 7) if seeking to waive 3Ps.  This form will be used as a supplement to the Course Waiver Form in the case that students’ 3Ps were taken more than 5/7 years ago.	<input type="checkbox"/>	
7. Provide at least two Letters of Recommendation (LOR’s) preferably from individuals who hold graduate or doctoral degrees (forms provided for printing – see pg. 8-11).	<input type="checkbox"/>	
8. Attach unofficial transcripts from undergraduate AND graduate degrees to this packet.	<input type="checkbox"/>	
9. Send all official transcripts for official evaluation to <a href="mailto:Records@nu.edu">Records@nu.edu</a> or <b>National University Records Department 9388 Lightwave Ave San Diego, CA 92123</b>	<input type="checkbox"/>	



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## PERSONAL INFORMATION

**Instructions:** Please type the information below.

**Specialization of Interest:**

Family Nurse Practitioner

Psychiatric Mental Health  
Nurse Practitioner

**Biographical Information:**

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

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

Permanent Home 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:**

Asian/Pacific Islander

American Indian/Alaskan Native

Black/African American

Hispanic/Latino/a

White/Caucasian

Option to type: \_\_\_\_\_

Prefer not to respond

**Gender:**

Female

Male

Non-binary/non-conforming

Option to type: \_\_\_\_\_

Prefer not to respond

**Education History:** (Beginning with your most current school, please list the past three schools you have attended)

Institution	State/Country	Degree Awarded	Graduation Date

**Employment History:** (Beginning with your most current or recent position, please list the past three positions you have held, or the last ten years of employment you have held)

Organization	State/Country	Title	Employment Dates

**CERTIFICATION:** *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.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



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## **PROFESSIONAL GOAL STATEMENT**

**Instructions:** In the space below, please provide a statement that will give the MSN Admissions Committee a better understanding of: (1) Why you are choosing this particular program of study; (2) What you expect to derive from your program of study; and, (3) What you expect to contribute as a member of the profession.



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## Post-Graduate Certificate Course Waiver Form

Per University Policy, students are eligible for a course waiver **only** if courses meet the following criteria: 1) are deemed equivalent in credit hours and content to NU courses; 2) were completed with a grade of B or higher; and 3) if NSG 641, NSG 681, NSG 600, and NSG 680 were taken less than five (5) years prior to application to the Certificate Program, and if NSG 682 was taken less than seven (7) years prior to application to the Certificate Program.

**Instructions:** Complete the Course Waiver Form and attach course descriptions for each course. Please ensure a copy of the unofficial transcripts from where courses were completed is attached to application packet.

**If Course Waiver Form is found incomplete or missing and/or course descriptions for each course are not attached, application will be canceled.**

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

Specialization of Interest: \_\_\_\_\_ Date: \_\_\_\_\_

*If 3Ps were taken more than 5/7 years ago and you are currently working as an NP in a patient care setting, please complete the **Advanced Practice Registered Nurse (APRN) Employment Verification** found on pg. 7 to use as a supplement to this course waiver form.*

NU Course Number and Title	Year Taken	Outside Course Number and Title	University Name
<b>Advanced Nursing Practice Courses</b>			
NSG 681 Advanced Physical Assessment <i>(taken within 5 years)</i>			
NSG 682 Advanced Pathophysiology <i>(taken within 7 years)</i>			
NSG 641 Advanced Pharmacology I <i>(taken within 5 years)</i>			
NSG 600 Advanced Practice Nursing <i>(taken within 5 years)</i>			
NSG 680 Diversity Issues in APN <i>(taken within 5 years)</i>			

**NOTE TO STUDENT:** This course waiver form must be approved by the MSN Admissions Committee in addition to the Registrar. You will be notified via your NU issued student email when a decision is made.



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**Advanced Practice Registered Nurse (APRN) Employment Verification Form**

Per University Policy, practicing, licensed nurse practitioners in a patient care setting can waive the 3Ps if taken more than 5/7 years ago with proof of current, active, and unencumbered RN and NP licenses, along with proof of current employment. To validate your current employment, please print clearly and complete the form below with your employer.

**SECTION I: Employee's Information and Attestation (to be completed by applicant)**

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

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

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

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

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

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

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

The individual named in Section I has been employed beginning: \_\_\_\_\_

*CERTIFICATION: I attest that I have examined the document 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: \_\_\_\_\_

**NOTE TO STUDENT:** This course waiver form must be approved by the MSN Admissions Committee in addition to the Registrar. You will be notified via your NU issued student email when a decision is made.



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## **LETTER OF RECOMMENDATION FORM #1**

**Instructions:** Please print clearly and fill in the information below. Be sure to provide an electronic signature upon completion and return this document to the applicant.

Dear Recommender,

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

Applicant’s Name: \_\_\_\_\_

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

**Purpose of Recommendation Form:** Recommendations are intended to provide a professional evaluation of the applicant’s potential for academic success in a graduate program of 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.

1. What is your relationship to the applicant?

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please rate the applicant on 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: \_\_\_\_\_

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

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



4. Please comment on any other qualities/characteristics that you think we should take into consideration:

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

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Strongly recommend       | Recommend                | With Reservation         | Strong Reservation       |

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

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

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

Thank you,

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## LETTER OF RECOMMENDATION FORM #2

**Instructions:** Please print clearly and fill in the information below. Be sure to provide an electronic signature upon completion and return this document to the applicant.

Dear Recommender,

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

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

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

**Purpose of Recommendation Form:** Recommendations are intended to provide a professional evaluation of the applicant's potential for academic success in a graduate program of 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.

1. What is your relationship to the applicant?

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please rate the applicant on 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: \_\_\_\_\_

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

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

4. Please comment on any other qualities/characteristics that you think we should take into consideration:

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

- |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Strongly recommend       | Recommend                | With Reservation         | Strong Reservation       |

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

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

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

Thank you,

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