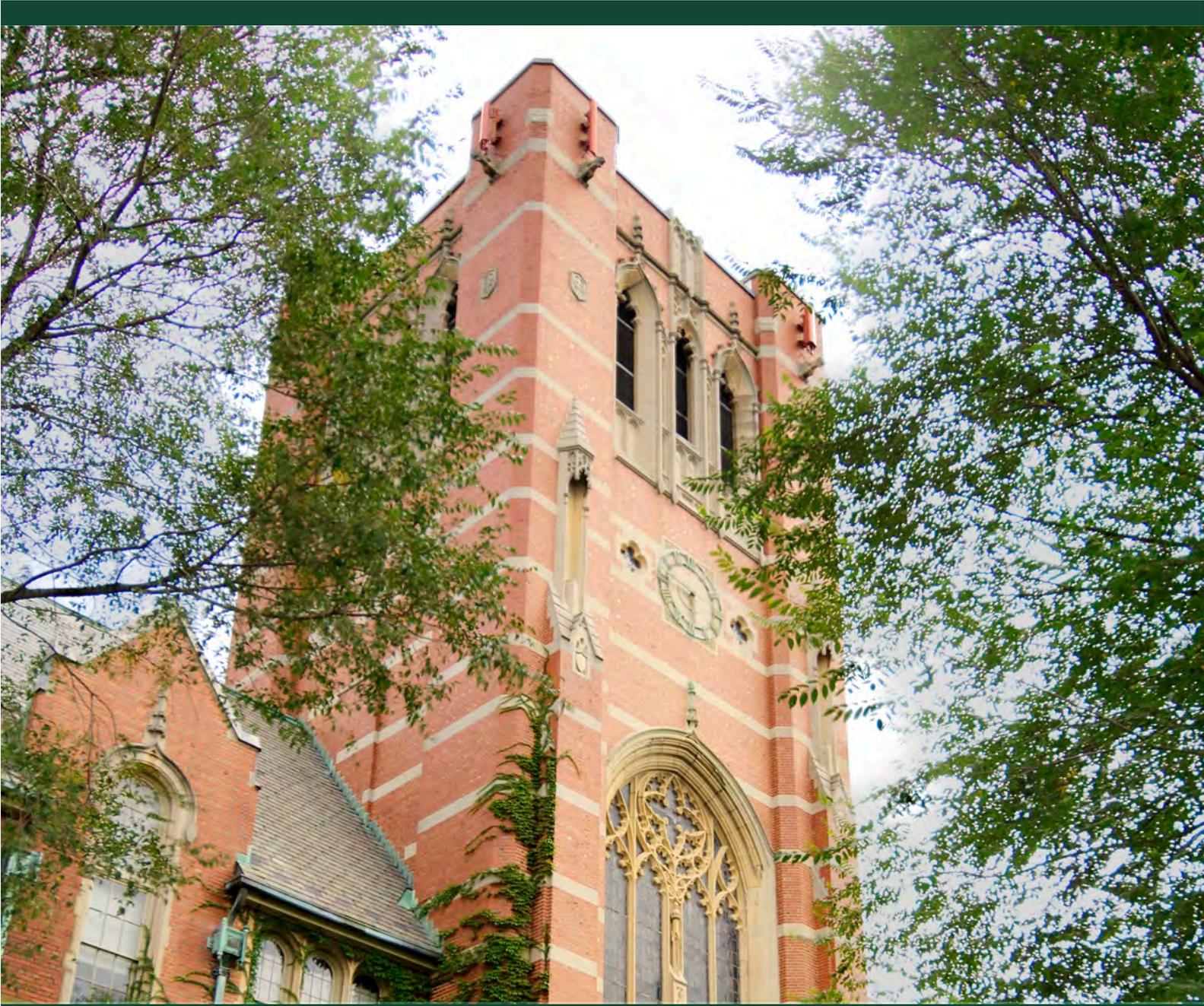




School of Nursing



**DOCTOR OF NURSING PRACTICE PROGRAM**  
APPLICATION FOR ADMISSION

291 SPRINGFIELD STREET | CHICOPEE, MA | 01013-2839  
413.265.2445 | FAX: 413.265.2459 | WWW.ELMS.EDU

# DOCTOR OF NURSING PRACTICE PROGRAM APPLICATION

Name: \_\_\_\_\_  
*(name of applicant)*

## DOCTOR OF NURSING PRACTICE PROGRAM APPLICATION FOR ADMISSION

**Personal Information** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name:** \_\_\_\_\_  
*Last Name/Family Name* *First* *Middle*

Other Names (for transcript purposes only): \_\_\_\_\_

Gender:  Female  Male  Other

**Semester of Entry**

Social Security Number (for internal purposes only): \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

NP  Fall \_\_\_\_\_

HSIL  Fall  Spring \_\_\_\_\_

Certificate  Fall \_\_\_\_\_  
Year

By checking this box I agree that I have read and understand the following statement. Section 6109 of the Internal Revenue Code requires you to give Elms College your social security number (SSN) or taxpayer identification number (TIN) to allow Elms College to file certain information with the IRS. You have the right to refuse to provide this information; however, failure to furnish your SSN or TIN to Elms College may subject you to penalty by the IRS.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country \_\_\_\_\_

Email address: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_ Home phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

### CITIZENSHIP: *Please choose one option below*

Are you a citizen of the United States?  Yes  No

If not a United States citizen, and currently in the United States, what is your Visa type?  F  J  H  Other \_\_\_\_\_

*Please submit a copy of current visa page from your passport with this application.*

If not a United States resident, and a permanent resident of the United States, do you hold an Alien Registration Receipt Card (Green Card)?

No  Yes, please enclose a photocopy of both sides of your Alien Registration Card \_\_\_\_\_ Alien Number \_\_\_\_\_

What is your first language, if not English?

**The following questions are optional**

Place of birth \_\_\_\_\_

Religious preference \_\_\_\_\_

Mother's place of birth \_\_\_\_\_

Father's place of birth \_\_\_\_\_

Is another language spoken at home? \_\_\_\_\_

If yes, what language? \_\_\_\_\_

How would you describe yourself? Check any that apply.

Native American/Alaskan Native (Tribe) \_\_\_\_\_

Mexican American, Mexican

Native Hawaiian, Pacific Islander

African American, Black (Country) \_\_\_\_\_

Asian American, Asian, Indian subcontinent (Country) \_\_\_\_\_

White, Anglo, Caucasian

Hispanic, Latin, Puerto Rican (Country) \_\_\_\_\_

Other (specify) \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Please provide information for one of the following (check one):  Spouse  Partner  Parent  Other \_\_\_\_\_

Ms./Mr./Mrs. \_\_\_\_\_

Street Address: \_\_\_\_\_  
*Last Name/Family Name* *First* *Middle*

City: \_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_\_

# DOCTOR OF NURSING PRACTICE PROGRAM APPLICATION

Name: \_\_\_\_\_  
*(name of applicant)*

## ADMISSION TEST SCORES

TOEFL: Date (Taken or plan to Take) \_\_\_\_\_ Self-reported TOEFL Score \_\_\_\_\_ N/A \_\_\_\_\_

## EDUCATIONAL BACKGROUND

List the most recent first, all colleges, universities and professional schools you have attended. If currently enrolled in classes, leave end date blank. (Attach an additional sheet if necessary).

INSTITUTION	STATE/ COUNTRY	MAJOR	DATES ATTENDED mm/yyyy to mm/yyyy	DEGREE/DIPLOMA (e.g., B.A., B.S., etc.)	DATE AWARDED or Expected mm/yyyy

## Degree and area of focus to which you are applying:

- B.S. to DNP or  MSN to DNP                       MSN to DNP                       Postgraduate Certificate(APRN only)
- FNP track     HSIL track (post-master's)                       FNP
- AGACNP track     AGACNP

FNP = Family Nurse Practitioner | AGACNP = Adult Gerontology Acute Care Nurse Practitioner | HSIL = Health Systems Innovation and Leadership

How did you hear about the Elms College DNP Program? \_\_\_\_\_

To what other graduate programs have you applied, other than Elms College? \_\_\_\_\_

Have you previously applied to Elms College?     Yes     No    If yes, when? \_\_\_\_\_

Are you seeking graduate transfer waiver/credit?     Yes     No

If yes, from which institution(s)? \_\_\_\_\_

## PROFESSIONAL NURSING PRACTICE WORK EXPERIENCE

List each position chronologically, beginning with the most recent.

ORGANIZATION	LOCATION	POSITION AND CLINICAL FOCUS	DATES EMPLOYED mm/yyyy to mm/yyyy

# DOCTOR OF NURSING PRACTICE PROGRAM APPLICATION

Name: \_\_\_\_\_  
*(name of applicant)*

## NURSING LICENSES

A copy of all currently held U.S. nursing licenses, without restrictions, must be submitted with this application.

STATE	EXPIRATION DATE	LICENSE NUMBER

Has your license ever been revoked or suspended?  Yes  No If yes, please attach an additional sheet with a detailed explanation of the circumstances.

## PROFESSIONAL CERTIFICATION(S)

AREA OF CERTIFICATION <i>BLS, ACLS, FNP &amp; AGACNP</i>	CERTIFYING ORGANIZATION	DATES

## RECOMMENDATIONS

List the three persons supplying letters of reference pertaining to your academic ability and clinical practice. See insert for more information.

NAME	TITLE	ADDRESS

*I certify that all items on this application are answered correctly and completely. I understand that incomplete information, the withholding of information, or incorrect information may disqualify me from admission to Elms College or may later be the basis for my withdrawal or dismissal.*

Legal Name: \_\_\_\_\_  
*Please Print Last Name/Family Name First Middle*

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Doctor of Nursing Practice Program Application

## ADMISSION REQUIREMENTS, PROCEDURES AND INSTRUCTIONS

*To be considered for admission to Elms College DNP program, the ideal candidate will have met the following criteria and requirements for Post-Baccalaureate and Post-Masters entry.*

### DNP Admission Criteria

#### FNP OR AGACNP CLINICAL SPECIALTY TRACK APPLICANTS

- A Bachelor of Science(B.S.) degree or a Master of Science(M.S.) degree earned from a nationally accredited school of nursing.
- A cumulative GPA of 3.0 or above on a 4.0 scale.
- Submission of a completed Elms College DNP application and professional portfolio that includes:
  1. Curriculum vitae or resume of professional accomplishments.
  2. Official transcripts from all colleges/universities attended indicating completion of a baccalaureate degree in nursing (for Post-Baccalaureate entry), or a masters degree in nursing (for Post-Masters entry).
  3. A copy of current Massachusetts licensure as a registered nurse without restrictions.
  4. Three letters of reference pertaining to the candidate's academic ability and clinical practice.

*References included with the application packet are to be sealed in envelopes and signed across the envelope seal by the endorsers.*

    - Two letters should address professional competency by a current or former supervisor who has had direct knowledge of applicant's clinical practice in a practice setting.
    - The other letter should address the candidate's personal character and commitment to a rigorous program of study.
  5. Statement of Purpose: (500-700 words written in APA format) "My intent in applying to the Elms College Doctor of Nursing Practice program is..."

#### HEALTH SYSTEMS INNOVATION AND LEADERSHIP APPLICANTS

*(Post-Masters entry only)*

- Current licensure as a registered nurse
- Earned MS in Nursing from an accredited NLN or CCNE School of Nursing
- GPA 3.0 or above on a 4.0 scale
- Resume or CV of professional accomplishments
- Transcripts from all post-secondary institutions
- Three letters of reference pertaining to academic ability, professional competency and personal character attesting to the candidate's commitment to a rigorous program of study.
- Personal statement: Briefly describe your professional nursing practice and some of your successful, unexpected events that shaped your professional career goals relative to doctoral study. Identify a potential healthcare issue in your practice that could be the basis for your DNP Capstone Project. Frame your discussion by first reviewing AACN DNP's *The Essentials of Doctoral Education for Advanced Nursing Practice* and describe how the potential project affects healthcare quality and population health.
- Telephone or in-person interview may be a part of the admission process.

#### Application Fee

There is a one-time, non-refundable, application fee of \$30. Please make checks payable to Elms College.

#### Submission of DNP Application

Please note that the applicant's signature is required in order for the application to be considered complete. The application, fee and application documents for the DNP program are to be submitted directly to:

Elms College School of Graduate and Professional Studies  
DNP Program  
291 Springfield Street  
Chicopee, MA 01013

## **DNP Admission Criteria**

### **FNP OR AGACNP POST-GRADUATE CERTIFICATE TRACK APPLICANTS**

- Minimum of a Master of Science degree from a nationally accredited school of nursing and are nationally certified as a nurse practitioner in another specialty.
- A cumulative GPA of 3.0 or above on a 4.0 scale.
- Submission of a completed Elms College DNP application and professional portfolio that includes:
  1. A curriculum vitae or resume of professional accomplishments.
  2. Transcripts of a minimum cumulative GPA of 3.0 in graduate work as a graduate of an NLNAC or CCNE approved graduate program in nursing.
  3. Evidence of passing grades of B or better in graduate level courses in Advanced Health and Physical Assessment, Advanced Pharmacology, and Advanced Health Assessment within the past 7 years.
  4. A copy of a current advanced practice nurse license without restriction in the state where practice occurs.
  5. Two letters of reference pertaining to the candidate's academic ability and clinical practice.  
*References included with the application packet are to be sealed in envelopes and signed across the envelope seal by the endorsers.*
    - Two letters should address professional competency
- Evidence of at least two years of progressive professional nursing experience.
- Evidence of national certifications in advanced practice nursing specialty.
- Written responses to the following questions in a thoughtful and scholarly manner:
  1. What are your career goals, and how do you see the post-master's FNP/AGACNP certificate contributing to meeting them?
  2. What are you most proud of, in terms of your professional accomplishments as an advanced practice nurse?

**NOTE:** The certificate track does not grant a degree.

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Elms College School of Graduate and Professional Studies  
DNP Program - Admission  
291 Springfield Street  
Chicopee, MA 01013

## **ADDITIONAL INFORMATION**

*The School of Graduate and Professional Studies recommends you familiarize yourself with individual graduate programs, their requirements, and other pertinent information contained in the graduate student catalog.*

- All DNP applications are reviewed by the DNP Program Admissions Committee.
- Acceptance of qualified applicants will be issued by the Elms College School of Nursing DNP Program.

## **Records and Confidentiality**

Any and all information submitted with this Application for Admission becomes the property of Elms College. In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, your application materials will be kept confidential within the confines of Elms College. For further information regarding FERPA, please see the graduate student catalog.

## **Financial Aid for the DNP Program**

Students may be eligible for financial aid through student loan programs. To learn more, visit <http://cfs.gwu.edu/sfa/>.

Elms College Office of Financial Aid can assist students with information on loans, grants and scholarships. Call the Office of Financial Aid to receive information on the Free Application for Federal Student Aid (FAFSA) at (413)265-2249. You may also go directly to the FAFSA website at <https://fafsa.ed.gov> to apply. Elms College's school code is 002140. The FAFSA does not apply to International Students.

Many business and healthcare organizations may assist in funding through employee tuition reimbursement programs. Check with your Human Resources office.

## **International Students**

International students, who are not United States citizens or permanent resident aliens, must submit an F-1 Visa Request Form and supporting documents. For those students whose native language is not English, the Test for English as a Foreign Language (TOEFL) is required. Elms College's board number for the TOEFL exam is 3283. For further information, please contact the School of Graduate and Professional Studies 413-265-2445.

## **International Student Admission**

International students are encouraged to apply to the Elms College graduate programs. International applicants must score at least 550 on the test of English as a Foreign Language (TOEFL) and be eligible for licensure as a Registered Nurse in Massachusetts. In addition to the usual application materials, international applicants must complete a "Foreign Student Application Package" and abide by all relevant immigration regulations.

## **Transfer Credits**

Students requesting to transfer credit from another graduate nursing program must submit a completed Transfer Credit Prior Approval Form along with a copy of the course syllabus for review by the DNP administration and faculty. Upon review, the DNP administration and faculty may determine that the credit is not suitable for transfer into the Elms College School of Nursing DNP Program. A maximum of 12 graduate credits may, if deemed suitable, be transferred to the Elms College School of Nursing DNP Program. A minimum course grade of B (3.0) is required for transfer credit.

## **Advising**

Upon acceptance of the applicant, the student will meet with an assigned advisor to develop their program of study.

## **Questions:**

Contact Elms College School of Nursing, DNP Program at 413-265-2409.



*School of Nursing*