

**Application for Admission
Doctor of Nursing Practice**

Priority Deadline to Apply for Fall 2008: May 15, 2008

Name _____
LAST FIRST MIDDLE MAIDEN

Social Security Number _____ - _____ - _____

Present Address _____
STREET

_____ CITY COUNTY STATE ZIP

Use Present Address Until _____ / _____ / _____ Proposed Entrance Date: Fall 20 _____

E-Mail Address _____ Primary Phone (_____) _____

Citizenship _____ Work/Cell Phone (_____) _____

Date of Birth _____ / _____ / _____ Place of Birth _____
MONTH DAY YEAR CITY STATE

GENDER Male Female
ETHNIC ORIGIN African American Hispanic American Indian Caucasian Asian or Asian American Other _____
(optional)

My Current Advanced Practice Specialty:

<input type="checkbox"/> Acute Care Nurse Practitioner	<input type="checkbox"/> Nurse-Midwifery
<input type="checkbox"/> Adult Nurse Practitioner	<input type="checkbox"/> Nursing Informatics
<input type="checkbox"/> Gerontological Nurse Practitioner	<input type="checkbox"/> Pediatric Primary Care Nurse Practitioner
<input type="checkbox"/> Clinical Management (Clinical Nurse Leader/Specialist)	<input type="checkbox"/> Pediatric Acute Care Nurse Practitioner
<input type="checkbox"/> Clinical Research Management	<input type="checkbox"/> Psychiatric-Mental Health Nurse Practitioner
<input type="checkbox"/> Family Nurse Practitioner	<input type="checkbox"/> Women's Health Nurse Practitioner
<input type="checkbox"/> Health Systems Management	<input type="checkbox"/> Other _____
<input type="checkbox"/> Neonatal Nurse Practitioner	
<input type="checkbox"/> Nurse Anesthetist	

Your application must include the following items:

- \$50 application fee
- Official transcripts from all prior colleges/universities attended. Transcripts may accompany this application if sealed in the original school envelope or they may be sent directly from the school to Vanderbilt School of Nursing
- One copy of your RN and APRN licenses and advanced practice certificate
- Three recommendations from persons who hold a doctoral degree. Use the attached forms.
- Current CV or résumé
- Statement of Professional Goals (See page 4)

Mail completed form and all materials to:

Vanderbilt University School of Nursing
 207 Godchaux Hall – Office of Admissions
 461 21st Avenue South
 Nashville, TN 37240

NURSING LICENSURE INFORMATION

- 1. Have you ever been convicted of any offense other than a minor traffic violation? Yes* No
* If yes, please attach letter of explanation.
- 2. If you are a RN licensed in the State of Tennessee, please list current license number _____
Expiration Date: _____
- 3. Please list any states other than Tennessee in which you are licensed to practice: _____
- 4. Through which national organization is your advanced practice certification? _____
Expiration Date: _____
- 5. Are you a licensed healthcare provider in another discipline (e.g. dietician, LPN, physical therapist, respiratory therapist, etc.)
 Yes No Discipline _____ License number _____
Expiration Date: _____
- 6. Have you ever had your license revoked or disciplinary action taken against you? Yes No
If yes, please attach letter of explanation.

FINANCIAL AID

Are you applying for financial aid? Yes No

POST HIGH SCHOOL EDUCATION AND EXPERIENCE

1. Please list all post-high school educational institutions beginning with the most recent one attended.

INSTITUTION	LOCATION	DATE OF RESIDENCE	DEGREE AND DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 2. Have you ever been dismissed or withdrawn from any school or college? Yes No
If so, please indicate which school and attach letter of explanation.
- 3. Have you previously applied for admission to Vanderbilt University School of Nursing? Yes No
If so, when? _____
- 4. Do you or have you ever served in the military including the reserves? Yes No
If yes, please explain _____

STUDENT AFFADAVIT

I certify that the information given herein is true to the best of my knowlege and hereby agree to be bound by all policies, procedures, and regulations of Vanderbilt University, both those presently existing and those subsequently amended or adopted.

APPLICANT'S SIGNATURE

DATE

RELEASE OF INFORMATION

I authorize the release of information contained in this application to be used for the purpose of considering me for scholarship funds and so that aggregate data concerning the School of Nursing may be compiled.

APPLICANT'S SIGNATURE

DATE

RESUME OR CURRICULUM VITAE

Please attach your current resume or curriculum vitae.

STATEMENT OF PROFESSIONAL GOALS

INSTRUCTIONS: On separate paper; answer the following questions. Each question should be answered in no more than 250 words. Scholarly writing will be assessed and content will be used in the overall evaluation of your responses.

1. What are your professional goals?
2. How will a DNP degree from Vanderbilt University help you attain your professional goals?
3. Describe your current advanced practice nursing role.
4. In addition to the information contained in your resume, what strengths do you possess that would contribute to your success in Vanderbilt's DNP program and to a community of interprofessional scholars?
5. Identify one scholarly inquiry from your practice you would like to explore as part of the DNP program (e.g., quality improvement initiative, evidence-based practice guideline, new model of care; policy analysis).
6. Describe the clinical agency/organization in which you would like to pursue your scholarly activity, providing the name and address of the site. Include your rationale for selecting this setting.

INTERVIEW

After the initial review of your application, you may be contacted for an interview in person or by telephone.

**Letter of Recommendation
Doctor of Nursing Practice Program**

Applicant's Name _____ Social Security No. _____
LAST FIRST MIDDLE MAIDEN

I agree that this recommendation shall be held in confidence by officials of Vanderbilt University, and I hereby waive my right to examine it. Yes No

Applicant's Signature: _____

To Be Completed by Recommender. *In lieu of the space below you may attach a letter.*

How long and in what connection have you known the applicant? What is your assessment of the applicant's strengths and weaknesses? How well qualified do you consider the applicant to pursue the degree sought in the applicant's field?

Please rate the applicant relative to other students or employees who have undertaken graduate study in recent years.

QUALIFICATIONS	Top 2%	Top 10%	Top 25%	Top 50%	No Basis for Judgement
Critical thinking					
Intellectual potential					
Leadership ability					
Motivation for the proposed program					
Practice knowledge					
Verbal communication of ideas					
Written communication of ideas					

Name of recommender _____
Please Print or Type

Title and employment affiliation _____

Signature _____ Date _____

**Letter of Recommendation
Doctor of Nursing Practice Program**

Applicant's Name _____ Social Security No. _____
LAST FIRST MIDDLE MAIDEN

I agree that this recommendation shall be held in confidence by officials of Vanderbilt University, and I hereby waive my right to examine it. Yes No

Applicant's Signature: _____

To Be Completed by Recommender. *In lieu of the space below you may attach a letter.*

How long and in what connection have you known the applicant? What is your assessment of the applicant's strengths and weaknesses? How well qualified do you consider the applicant to pursue the degree sought in the applicant's field?

Please rate the applicant relative to other students or employees who have undertaken graduate study in recent years.

QUALIFICATIONS	Top 2%	Top 10%	Top 25%	Top 50%	No Basis for Judgement
Critical thinking					
Intellectual potential					
Leadership ability					
Motivation for the proposed program					
Practice knowledge					
Verbal communication of ideas					
Written communication of ideas					

Name of recommender _____
Please Print or Type

Title and employment affiliation _____

Signature _____ Date _____

**Letter of Recommendation
Doctor of Nursing Practice Program**

Applicant's Name _____ Social Security No. _____
LAST FIRST MIDDLE MAIDEN

I agree that this recommendation shall be held in confidence by officials of Vanderbilt University, and I hereby waive my right to examine it. Yes No

Applicant's Signature: _____

To Be Completed by Recommender. *In lieu of the space below you may attach a letter.*

How long and in what connection have you known the applicant? What is your assessment of the applicant's strengths and weaknesses? How well qualified do you consider the applicant to pursue the degree sought in the applicant's field?

Please rate the applicant relative to other students or employees who have undertaken graduate study in recent years.

QUALIFICATIONS	Top 2%	Top 10%	Top 25%	Top 50%	No Basis for Judgement
Critical thinking					
Intellectual potential					
Leadership ability					
Motivation for the proposed program					
Practice knowledge					
Verbal communication of ideas					
Written communication of ideas					

Name of recommender _____
Please Print or Type

Title and employment affiliation _____

Signature _____ Date _____