

# APPLICATION – D.N.P. Program

## DOCTOR OF NURSING PRACTICE



Social Security No. \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
 Last (family name)      First      Middle

Address \_\_\_\_\_  
 Street      City      County      State      Country      Zip

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

Fax ( \_\_\_\_ ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Gender (optional)  Male     Female    Nursing license no. \_\_\_\_\_ State \_\_\_\_\_

I am entering with the following degree(s)  B.S.N.       M.S.N.

Applying for Fall of \_\_\_\_\_ (Year)       Full time       Part time

Graduate Record Exam (GRE) Scores:  will be forwarded    I will take the GRE (month/year) \_\_\_\_/\_\_\_\_

Financial aid applied for (Check all that apply.):  assistantship       traineeship       scholarship

U.S. Citizen?     yes     no    If no, country of origin? \_\_\_\_\_

**D.N.P. Specialty Track preferred (for those entering with B.S.N; Please check one specific area only.)**

- Acute Care Nurse Practitioner
- Adult Clinical Nurse Specialist
- Pediatrics

Primary Care Nurse Practitioner:  Adult       Family

- Psychiatric/Mental Health (PMH) Nursing
- Population and Organizational Leadership

**D.N.P. (for those entering with an M.S.N.)**

**Education**

Name and location of institution (include city and country)	Dates of attendance	Degree, diploma, etc. (B.A., B.S., etc.)	Clinical Major	Mo./Yr. degree awarded

**Employment (Begin with the most recent. Attach additional sheet if necessary.)**

Employer (include city, state, and country)	Address/Phone	Position	Dates of employment

List publications, presentations, and research.

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List professional organizations to which you belong and indicate offices held.

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List honors and awards received.

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Please identify your ethnic background. Although this information is voluntary, it is requested to fulfill reporting obligations of the University. Information will be confidential.

- Alaskan Native
- American Indian
- Asian or Pacific Islander
- African American, Non-Hispanic
- Hispanic
- White, Non-Hispanic
- Other (please specify) \_\_\_\_\_

**Writing Sample (for those entering with B.S.N.):** Provide an example of written scholarly work related to nursing that demonstrates excellent writing skills and the ability to communicate clearly and logically. Samples of scholarly work include: paper written for a course in your B.S.N. program, a published article, or a paper written regarding a nursing issue of interest to you. Include your Writing Sample with this application.

**Goal Statement (for those entering with B.S.N.):** In one to three double-spaced pages, discuss your reasons for seeking doctoral study, including your short- and long-term professional goals.

**Goal Statement (for those entering with M.S.N.):** In one to three double-spaced pages, discuss your reasons for seeking doctoral study, including your short- and long-term professional goals. Discuss one or more professional issues in your area of interest. Describe a clinical problem you have solved for a particular population or a clinical innovation you developed to improve health outcomes of a particular population. Return your Goal Statement with this application.

Where did you hear about our programs? \_\_\_\_\_

**Signature required**

I certify that the information given in this application is complete and accurate and I understand that the University reserves the right to deny admission or revoke any admission granted if the information provided herein proves untruthful. I also understand that the submission of fraudulent academic records by me for graduate admission, transfer of credit, or any other purpose shall be cause for my dismissal from the Graduate School. If admitted, I agree to comply with the regulations of the University.

**The University of Kentucky is committed to a policy of providing educational opportunities to all academically qualified students regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, marital status, age, veteran status, or physical or mental disability.**

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

<b>For office use only</b>			
Grad/School App _____	CON App _____	Routing Sheet _____	Lic. No. _____
Official GRE: V _____ / _____ %	Q _____ / _____ %	A _____ / _____ %	
Goal Statement _____	Undergraduate GPA _____	Graduate GPA _____	
References (1) _____	(2) _____	(3) _____	
Interview(s)(1) _____	(2) _____		
Financial Aid Requested: <input type="checkbox"/> Train	<input type="checkbox"/> Asst	App completed _____	