

Doctor of Nursing Practice Program

Application for the Fall 2009 Cohort Group

Lienhard
School of Nursing
PACE
UNIVERSITY
Work toward greatness.

Lienhard School of Nursing



Dyson College of Arts and Sciences | Lienhard School of Nursing
Lubin School of Business | School of Education | School of Law
Seidenberg School of Computer Science and Information Systems

APPLICATION INSTRUCTIONS FOR THE FALL 2009 COHORT GROUP*

Please complete and mail your application to the Office of Graduate Admission. Be sure to sign the last page of the application and all additional papers. For more information, please contact nursing@pace.edu or call (914) 773-3552.

Office of Graduate Admission
Pace University
One Martine Avenue
White Plains, NY 10606-1932 USA
Phone: (914) 422-4283
Fax: (914) 422-4287
E-mail: gradwp@pace.edu

Please submit the following:

| | |
|-----------------------------|--|
| APPLICATION APPLICATION FEE | Applications may be printed or typed and must be accompanied by the nonrefundable application fee of \$65 in the form of a check or money order in U.S. dollars payable to Pace University. |
| RESUME | Please submit a resume which outlines your work history and professional experience. |
| PERSONAL STATEMENT | Send a two-page typewritten essay displaying to the members of the Graduate Admission Committee your exceptional conceptual skills and goals for completing the DNP. It should be: <ul style="list-style-type: none"> Submitted in Arial or Times New Roman, 12 pt font size, with one-inch margins, double-spaced. Have the applicant's name and the title of her/his statement. |
| LETTERS OF RECOMMENDATION | Submit two letters of recommendation that describe your (advanced) clinical practice, potential for achievement in graduate study, and potential for professional achievement. The letters of recommendation should address your intellectual ability, how well you work with others, written and oral communication skills, maturity, initiative/independence, and creativity/originality. |
| OFFICIAL TRANSCRIPTS | Please arrange for an official transcript from each academic institution you have attended to be sent directly to the Office of Graduate Admission. Transcripts are considered official if they are sent directly from the academic institution(s) to Pace University, or if you submit them unopened and in the institution's original sealed envelope. |
| ADMISSION CRITERIA | <ul style="list-style-type: none"> Be a graduate of an accredited master's degree program in nursing Have a minimum GPA of 3.3 in a master's degree program in nursing and/or commensurate advanced-practice professional experience Have advanced practice nursing experience Be state certified and board eligible as a family nurse practitioner and licensed as a registered nurse in the state where the capstone courses will be completed |
| APPLICATION DEADLINE | Admission to the DNP program is highly competitive and all applications must be completed and submitted by July, 2009 . To receive priority consideration for this cohort class of no more than 24 students, applicants are encouraged to complete their applications as early as possible. |

Note: All documents submitted in support of an application for admission become the permanent possession of Pace University and cannot be returned to the applicant or photocopied for the applicant. For your records, please make photocopies of all materials submitted, except for transcripts and recommendation forms, which must be received unopened, in the original, sealed envelopes.

**Admission at this time is for advanced standing students, i.e., state certified, board eligible master's prepared family nurse practitioners.*

Are you a citizen of the United States? Yes No

Are you a permanent resident of the United States? Yes No

Which of the following was the most significant factor which prompted your application to Pace University?

Please check one (optional survey):

- Pace faculty member recommendation
- Pace staff member recommendation
- Visited Pace's Graduate Admission Office
- Lienhard School of Nursing Home Page
- Ad in *Nursing Spectrum*
- Other _____
- DNP Online Chat
- Email from Pace
- Pace student recommendation
- Pace alumnus recommendation
- Telephoned Pace's Graduate Admission Office
- Pace University's Home Page
- Ad in *Advance for Nurse Practitioners*
- DNP Info Session
- E-mail (other, please specify)

Please list in chronological order all colleges or universities attended since your high school graduation. Be sure to include all institutions at which you were, are, or will be enrolled prior to your anticipated Pace University graduate program entry term, not only those institutions from which you received a degree. An official transcript from each institution must be received by the Pace University Office of Graduate Admission to which you are sending this application. All documents not issued in English must be supplemented by professionally certified English translations (please see International Student Information).

| | | | | |
|----------------------|----------------------|----------------------|---|-----------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Institution Attended | Start Date (MM/YY) | End Date (MM/YY) | Date or Expected Date of Degree (MM/YY) | Degree Received: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> Associate's |
| City | State | Country | | <input type="radio"/> Bachelor's |
| | | | | <input type="radio"/> Master's |
| | | | | <input type="radio"/> None |

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| Institution Attended | Start Date (MM/YY) | End Date (MM/YY) | Date or Expected Date of Degree (MM/YY) | Degree Received: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> Associate's |
| City | State | Country | | <input type="radio"/> Bachelor's |
| | | | | <input type="radio"/> Master's |
| | | | | <input type="radio"/> None |

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| | | | | <input type="radio"/> Master's |
| | | | | <input type="radio"/> None |

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| | | | | <input type="radio"/> Master's |
| | | | | <input type="radio"/> None |

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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="radio"/> Associate's |
| City | State | Country | | <input type="radio"/> Bachelor's |
| | | | | <input type="radio"/> Master's |
| | | | | <input type="radio"/> None |

Have you ever been placed on academic or disciplinary probation or been dismissed from any institution? Yes No
If yes, please attach your statement of the circumstances.

LICENSURE INFORMATION:

In which state(s) are you currently licensed as a Registered Nurse?

State

License Number

State

License Number

State

License Number

CURRENT CERTIFICATION:

Are you currently a certified family nurse practitioner? Yes No (those applicants who are NOT state certified board eligible master's prepared FNPs are NOT eligible for admission to the DNP at this time.)

Please list all current certifications:

Certification _____ Certifying Organization _____ Certification Number _____

Certification _____ Certifying Organization _____ Certification Number _____

Certification _____ Certifying Organization _____ Certification Number _____

Certification _____ Certifying Organization _____ Certification Number _____

Certification _____ Certifying Organization _____ Certification Number _____

Certification _____ Certifying Organization _____ Certification Number _____

Please list the names of other DNP programs to which you are applying:

A personal statement, résumé, and recommendation are required. Please refer to page 4 of this booklet.

I certify that all of the information provided by me or on my behalf in support of my application for admission is complete and accurate. I acknowledge that I am obligated to supplement my application as soon as I know or reasonably should know if the information I have provided or that was provided on my behalf is inaccurate or incomplete. I also certify that the personal statement submitted in support of my application for admission is solely my own original work. I acknowledge that Pace University may, at its sole discretion, verify any information submitted in conjunction with my application. I acknowledge that if I omit relevant information or provide inaccurate information or information that is misleading, submit a personal statement that is not solely my own original work, or if I fail to supplement my application as required, Pace University may, at its sole discretion, deny my application for admission, rescind my admission, impose disciplinary sanctions against me, dismiss me from Pace University, and/or rescind any degrees or certificates awarded to me by Pace University.

I acknowledge that the application fee I have paid or will pay in the future is not refundable.

I acknowledge that I am bound by the policies, practices, and procedures of Pace University, whether published or unpublished, and I agree to comply with them.

Applicant's Signature

Date (MM/DD/YYYY)

Please print name

Pace University prohibits and will not tolerate discrimination or harassment in any of its programs or activities on the basis of sex, race, color, national origin, religion, creed, age, disability, citizenship, marital status, sexual orientation, genetic predisposition or carrier status, veteran status, or any other characteristic protected by law. Pace University's Affirmative Action Officer has been designated to handle inquiries regarding the University's non-discrimination and harassment policy and may be contacted at 156 William Street, New York, New York 10038, (212) 346-1310, or at Costello House, 861 Bedford Road, Pleasantville, New York 10570 (914) 773-3856.

Pace University prohibits discrimination on the basis of disability and is committed to ensuring equal access to the application process for applicants with disabilities. An applicant who may require a reasonable accommodation in order to complete the application process should contact the Director of Disability Services on either the New York City campus (212) 346-1526 or the Pleasantville campus (914) 773-3710.

FOR OFFICE USE ONLY

APP REC DATE (MM/DD/YYYY)

FEE REC DATE (MM/DD/YYYY)

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