

DOCTOR OF NURSING PRACTICE PROGRAM

Graduate Application and Admission Information **2016**

College of Health Professions





APPLICATION INSTRUCTIONS FOR THE FALL 2016 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. To check the status of your application visit applicantportal.pace.edu

> Office of Graduate Admission **Pace University** Phone: (914) 422-4283 One Martine Avenue Fax: White Plains, NY 10606-1932 USA

E-mail: graduateadmission@pace.edu

(914) 422-4287

Please submit the following:

APPLICATION APPLICATION FEE Applications may be printed or typed and must be accompanied by the nonrefundable application fee in

the form of a check or money order in US dollars payable to Pace University.

RESUME

Please submit a resume that 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 Doctor of Nursing Practice. It should:

- Be 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 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.

Students must complete the FNP-DNP or AACNP-DNP program with a total of 1,000 supervised practice hours. The number of supervised master's advanced practice hours will be assessed, and if those hours plus the 450 supervised practice hours in the DNP program are less than 1,000 hours, plans will be made for accepted candidates to complete those hours within the DNP program.

ADMISSION CRITERIA

- Be a graduate of an accredited advanced practice nursing master's degree program
- Have a minimum GPA of 3.3 in a master's degree program in nursing or equivalent professional experience
- Be licensed as a registered nurse in New York State, state certified and board eligible as a Family Nurse Practitioner (FNP)* or Adult Acute Care Nurse Practitioner (AACNP)
- No standardized admission test (GRE or Miller Analogy) required

APPLICATION DEADLINE

Admission to the DNP program is highly competitive. All applications must be completed and submitted by March 1, 2016, for priority consideration for this cohort class of no more than 24 students. Applications received after March 1, 2016, until April 15, 2016**, will be considered on a space-available basis.

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.

*Although the Pace DNP program is designed for FNPs, we now have an option for adult, pediatric, geriatric, and women's health master's-prepared nurse practitioners who wish to obtain FNP certification as an FNP-DNP. If you are interested in this option, you will need to meet with the FNP-DNP program director who will conduct a gap analysis to determine what additional clinical courses will be required.

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^{**} Or until classes are filled.

Pace University Doctor of Nursing Practice (DNP) Program Cohort Group*

Complete and return the application along with the \$70 non-refundable application fee. Please print neatly using blue or black ink or type.

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2016

Are you a citizen of the United States?	O Yes O No	0	Are you a p	ermanent resident of the	United States?	Yes O No	• • • • • • •							
Which of the following was the biggest	influence in your	decision to anni	v to Pace Universit	v? (Check the appropriate	hox).									
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Attended a Pace Information Session	on		ion on Pace Websit		Recommendation from Pace Alumni									
Campus Location			hat with Departmer		Recommendation from Pace Faculty/Staff Member									
Career Services and Internship Prog	gram		•	with Pace Admission		Recommendation from Employer								
College or Professional Fair	,	Counselo	_	with Pace Admission	O Tour of Pace Uni									
Course Offerings		O School P	ublication Received	l in the Mail		Attended a Special Event with Chosen Program								
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Note: Answering yes to either of the two	questions above a	does not automa	atically bar you from	admission to Pace Unive	rsity.									
LICENSURE INFORMATION:														
In which state(s) are you currently l	licensed as a reg	istered nurse?	?											
State License Number			State	License Number										
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Are you currently a certif	fied family nurse practitioner? Yes	O No*
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Please list all current certifications	S:	
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Please list the names of other DNP prog	grams to which you are applying:	
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statement that is not solely my own original		de inaccurate information or information that is misleading, submit a persono University may, at its sole discretion, deny my application for admission, rescin y degrees or certificates awarded to me by Pace University.
I acknowledge that the application fee I h	nave paid or will pay in the future is not refundable.	
I acknowledge that I am bound by the pol	icies, practices, and procedures of Pace University, whether published	d or unpublished, and I agree to comply with them.
Applicant's Signature		Date (MM/DD/YYYY)
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disability, citizenship, marital status, set Affirmative Action Officer has been desig New York, New York 10038, (212) 346-13 Reasonable Accommodations Pace University prohibits discrimination	xual orientation, genetic predisposition or carrier status, veteran s gnated to handle inquiries regarding the University's non-discrimi 110, or at Costello House, 861 Bedford Road, Pleasantville, New Yo on the basis of disability and is committed to ensuring equal acce	ities on the basis of sex, race, color, national origin, religion, creed, age, status, or any other characteristic protected by law. Pace University's nation and harassment policy and may be contacted at 156 William Street, ork 10570 (914) 773-3856. Sess to the application process for applicants with disabilities. An applicant ct the Director of Disability Services on either the New York City (212) 346-1526
or Westchester Campus (914) 773-3710.		et the Director of Disability Services on either the New Tork City (212) 340-1526
master's-prepared nurse practit		ption for adult, pediatric, geriatric, and women's health TNP-DNP. If you are interested in this option, you will need to ine what additional clinical courses will be required.
FOR OFFICE USE ONLY	APP REC DATE (MM/DD/YYYY) FEE REC D/	ATE (MM/DD/YYYY)

2016

College of Health Professions



Office of Graduate Admissions

graduateadmission@pace.edu

New York City Campus One Pace Plaza New York, NY 10038 (212) 346-1531 Westchester Campus The Vineyard Building 861 Bedford Road Pleasantville, NY 10570 (914) 422-4283





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