DOCTOR OF NURSING PRACTICE PROGRAM
Graduate Application and Admission Information 2016
APPLYING INSTRUCTIONS FOR THE FALL 2016 COHORT GROUP

Please complete and mail your application to the Office of Graduate Admission. 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
One Martine Avenue
White Plains, NY 10606-1932 USA

Please submit the following:

APPLICATION
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.

APPLICATION FEE

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.

APPLICANT 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.

** 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.

- Mr.  
- Ms.

Last Name

First Name

Middle Name

Jr., Ill, etc.

Date of Birth (MM/DD/YYYY)

Gender
- Male  
- Female

Social Security Number†

If any records will be under another name(s), please indicate.

Mailing Address

Apt. #

City

State

Zip/Postal Code

Country

Home Phone Number

Business Phone Number

Cellular Phone Number

E-mail Address

Are you Hispanic/Latino?
- Yes, Hispanic or Latino (including Spain)  
- No

If yes, please describe your background:

If you answered no, or if you answered yes and wish to describe yourself further, please check one or more from the list below.

- American Indian or Alaska Native (including all Original Peoples of the Americas)  
- Asian (including Indian subcontinent and Philippines)  
- Black or African American (including Africa and Caribbean)  
- Native Hawaiian or Other Pacific Islander (Original Peoples)  
- White (including Middle Eastern)  
- Other ________________________________

Is English your native language?
- Yes  
- No

Native language (if other than English) ______________________________________________________________________

Please indicate your degree or certificate objective:
- Doctor of Nursing Practice Advanced Standing–FNP*  
- Doctor of Nursing Practice Advanced Standing–Adult Acute Care NP

Campus:
- New York City

Status:
- Part-Time  
- Full-Time

Semester:
- Fall

Have you previously applied to or enrolled in any school or program of Pace University?
- Yes  
- No

If yes, please explain (include school, program, and entry term date): ______________________________________________________________________

Are you or an immediate family member an employee of Pace University?
- Yes  
- No

If yes, please explain: ______________________________________________________________________

Current employer

City

State

Country

Does your employer provide tuition reimbursement?
- Yes  
- No

*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.

† Please be advised that your Social Security Number is required in order for your Free Application for Federal Student Aid (FAFSA) to be processed. Your SSN will not be used for identification purposes at Pace University.
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 biggest influence in your decision to apply to Pace University? (Check the appropriate box):

- [ ] Accelerated Admission Day Event
- [ ] Attended a Pace Information Session
- [ ] Financial Aid/Scholarship Offerings
- [ ] Information on Pace Website
- [ ] Campus Location
- [ ] Career Services and Internship Program
- [ ] Online Chat with Department/Admissions Counselor
- [ ] College or Professional Fair
- [ ] Phone or In-Person Meeting with Pace Admission
- [ ] Course Offerings
- [ ] School Publication Received in the Mail
- [ ] Financial Aid/Scholarship Offerings
- [ ] Recommendation from Current Pace Student
- [ ] Recommendation from Pace Alumni
- [ ] Recommendation from Pace Faculty/Staff Member
- [ ] Recommendation from Employer
- [ ] Tour of Pace University Campus
- [ ] Attended a Special Event with Chosen Program

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).

<table>
<thead>
<tr>
<th>Institution Attended</th>
<th>City</th>
<th>State</th>
<th>Country</th>
<th>Start Date (MM/YY)</th>
<th>End Date (MM/YY)</th>
<th>Date or Expected Date of Degree (MM/YY)</th>
<th>Degree Received:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Associate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Bachelor’s</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Master’s</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>None</td>
</tr>
</tbody>
</table>

Have you ever been placed on academic or disciplinary probation or been dismissed from any institution?  Yes  No
Have you ever been convicted of or plead guilty to a misdemeanor or felony?  Yes  No

Note: Answering yes to either of the two questions above does not automatically bar you from admission to Pace University.

Licensure Information:
In which state(s) are you currently licensed as a registered nurse?

<table>
<thead>
<tr>
<th>State</th>
<th>License Number</th>
<th>State</th>
<th>License Number</th>
<th>State</th>
<th>License Number</th>
</tr>
</thead>
</table>
CURRENT CERTIFICATION:

Are you currently a certified family nurse practitioner?  ○ Yes  ○ No*

Are you currently a certified adult acute care nurse practitioner?  ○ Yes  ○ No

If no, indicate nurse practitioner specialty ________________________________

Please list all current certifications:

<table>
<thead>
<tr>
<th>Certification</th>
<th>Certifying Organization</th>
<th>Certification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

*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.