



DOCTOR OF NURSING PRACTICE PROGRAM

Graduate Application and
Admission Information

PACE
UNIVERSITY

College of
**Health
Professions**

APPLICATION INSTRUCTIONS FOR THE FALL 2018 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.

Pace University
Graduate Admission Office
Graduate Application Processing Center
One Pace Plaza
New York, NY 10038
(212) 346-1531
graduateadmission@pace.edu

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 Submit a typewritten essay, not to exceed 1,000 words, that responds to the following:

Discuss your two (2) major reasons for pursuing the Doctor of Nursing Practice (DNP) degree. Additionally, share how your professional experiences to date have prepared you for doctoral study, and how you foresee the degree enhancing your practice or advancing your career.

Identify one issue in the United States health care system and explore how DNP-prepared advanced practice nurses can help address the issue. Discuss the issue in relation to the *DNP Essentials*, download at www.aacnnursing.org/DNP/DNP-Essentials.

Essays should be submitted in Times New Roman, 12-point font size, double spaced, with one-inch margins. Include your name and the title of your statement. Additional information regarding your academic performance or professional experience may also be included as a supplement.

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.

ADMISSION CRITERIA

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.

- 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.
- Qualified applicants will be interviewed by the DNP Admissions Committee. During the interview, applicants will be required to write a 250-500 word abstract on a clinical question they have identified in their practice.

APPLICATION DEADLINE

Admission to the DNP program is highly competitive. All applications must be completed and submitted by **March 1, 2018**, for priority consideration for this cohort class of no more than 24 students. Applications received after March 1, 2018, until April 15, 2018[†], will be considered on a space-available basis until April 15.

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 FNP-DNP program is designed for family nurse practitioners (FNPs), Pace has an option for adult, adult-gerontology primary care, pediatric primary care, and women's health nurse practitioners with master's degrees 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 and precepted clinical hours will be required.*

[†] Or until classes are filled.

Pace University Doctor of Nursing Practice (DNP) Program Cohort Group* (Post-Master's)

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. ☐ Mx. Last Name _____ First Name _____

_____ - _____ - _____

Middle Name _____ Jr., III, etc. _____ Date of Birth (MM/DD/YYYY) _____

Gender ☐ Male ☐ Female

Social Security Number[†]
[†] 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.

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

Mailing Address _____ Apt. # _____ Address 2 _____

City _____ State _____ Zip/Postal Code _____ Country _____

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____

Home Phone Number Business Phone Number Cellular Phone Number

Email Address _____

Ethnicity (optional) 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) Are you enrolled in a Tribe? ☐ Yes ☐ No _____
If yes, please enter Tribal Enrollment Number
- ☐ 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) _____

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Please indicate your post-master's degree or certificate objective:

- ☐ Doctor of Nursing Practice Advanced Standing--FNP*
- ☐ Doctor of Nursing Practice Advanced Standing--Adult Acute Care NP
- ☐ DNP Bridge Program

Campus: ☐ New York City

Semester: ☐ Fall

20 _____

Status: ☐ Part-Time

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): _____

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Are you or an immediate family member an employee of Pace University? ☐ Yes ☐ No If yes, please explain: _____

If no, please provide the information below:

Current employer

City _____ State _____ Country _____

Does your employer provide tuition reimbursement? ☐ Yes ☐ No

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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?

- | | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="radio"/> Accelerated Admission Day Event | <input type="radio"/> Financial Aid/Scholarship Offerings | <input type="radio"/> Recommendation from Current Pace Student |
| <input type="radio"/> Attended a Pace Information Session | <input type="radio"/> Information on Pace Website | <input type="radio"/> Recommendation from Pace Alumni |
| <input type="radio"/> Campus Location | <input type="radio"/> Online Chat with Department/Admission | <input type="radio"/> Recommendation from Pace Faculty/Staff Member |
| <input type="radio"/> Career Services and Internship Program | <input type="radio"/> Phone or In-Person Meeting with Pace Admission Counselor | <input type="radio"/> Recommendation from Employer |
| <input type="radio"/> College or Professional Fair | <input type="radio"/> School Publication Received in the Mail | <input type="radio"/> Tour of Pace University Campus |
| <input type="radio"/> Course Offerings | | <input type="radio"/> 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).

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

Have you ever been convicted of or plead guilty to a misdemeanor or felony? ☐ Yes ☐ No

If yes, please explain on a separate piece of paper (response required).

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?

<hr/>	<hr/>	<hr/>	<hr/>
State	License Number	State	License Number
<hr/>	<hr/>	<hr/>	<hr/>
State	License Number		

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:

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, resume, and two recommendations are required. Please refer to page 1 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) _____
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Please print name _____

Non-Discrimination Statement

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.

Reasonable Accommodations

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 (212) 346-1526 or Westchester Campus (914) 773-3710.

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FOR OFFICE USE ONLY	____ / ____ / ____	____ / ____ / ____
	APP REC DATE (MM/DD/YYYY)	FEE REC DATE (MM/DD/YYYY)



Office of Graduate Admission

graduateadmission@pace.edu

Pace University
Office of Graduate Admission
Graduate Application Processing Center
One Pace Plaza
New York, NY 10038
(212) 346-1531
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