

Thank you for your interest in the Doctor of Nursing Practice Degree program at Southern Illinois University Edwardsville. The SIUE School of Nursing has two DNP programs: A Post-master's DNP and a Nurse Anesthesia DNP. Please send the following to SIUE Graduate Admissions, Campus Box 1047, Edwardsville IL 62026-1047:

- Completed SIUE Application & fee for the Doctor of Nursing Practice Degree  
<http://www.siu.edu/apply/>
- Official Transcripts from **all schools** where credit was granted after High School.
- Completed School of Nursing DNP Application Form,  
<http://www.siu.edu/nursing/graduate/Graduate%20Forms.shtml>
- Reference Forms from 3 people (at least one from your immediate supervisor). The person providing the reference is asked to complete the reference form, sign it, and put it in an envelope (preferably letterhead), sign across the sealed flap, and return it to the student to be sent with the application packet. An additional letter may be sent with each Reference Form but letters will not be accepted without a form. <http://www.siu.edu/nursing/graduate/Graduate%20Forms.shtml>

**For Post-Master's Applicants:**

- Project Proposal Form,  
<http://www.siu.edu/nursing/graduate/Graduate%20Forms.shtml>

**For Anesthesia DNP Applicants:**

- Goals Statement Form,  
<http://www.siu.edu/nursing/graduate/Graduate%20Forms.shtml>

All application materials **MUST BE RECEIVED BEFORE YOUR APPLICATION CAN BE PROCESSED.**

You can check your application status by going to the "Apply Now" page: <http://www.siu.edu/apply/> and clicking on the green "Finish Application" button. You will need the original pin you created when you completed your online application.

Applications will be reviewed after the deadline date and you will receive a letter stating whether or not you have been accepted for an interview. After the interviews are complete, letters will be sent declaring whether or not you have been accepted to the School of Nursing. **If you are admitted** to the School of Nursing, you will be required to provide a completed physical exam/immunization form, proof of current unencumbered Illinois and Missouri licensure as an RN, evidence of current CPR certification, and other health requirements. (The required CPR certification may be obtained through completion of the American Heart Association "Health Care Provider" course or the American Red Cross "CPR for the Professional Rescuer" course.) You will also be required to complete a background check and drug screen. You will receive specific details regarding these if you are admitted.

Please note that prerequisites do not have to be completed prior to applying but will need to be completed prior to beginning coursework if you are admitted to the program.

If you have any questions regarding the admission process or the admission requirements, please call Ms. Tina Noto, School of Nursing Graduate Advisor, at (618) 650-3930, or 1-800-234-4844 ext. 3930, or e-mail her at [tnoto@siue.edu](mailto:tnoto@siue.edu).

**Southern Illinois University Edwardsville School of Nursing**  
**Graduate Program in Nursing**  
**Application for Admission to Doctor of Nursing Practice Program**

**Directions:** Please complete the following items. Completion of this form certifies that all information provided is valid and accurate:

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle Maiden

**Address (Home)** \_\_\_\_\_  
Street City State Zip

**County:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Gender:** Female \_\_\_ Male \_\_\_

**Ethnicity:** \_\_\_\_\_ **Hispanic:** Yes \_\_\_ No \_\_\_

**Veteran's Status:** \_\_\_ Active Duty \_\_\_ Reservist \_\_\_ Veteran (Prior Service) \_\_\_ Veteran (Retired) \_\_\_ Not a Veteran

**To which program are you applying?**

\_\_\_ Post-Master's DNP      \_\_\_ Nurse Anesthesia DNP

**Date of requested admission to program:** Fall Semester \_\_\_ (Post-Master's only)  
Summer Semester: \_\_\_ (Nurse Anesthesia only)

**Years practicing (RN)** \_\_\_\_\_ **Years practicing (APN) if applicable** \_\_\_\_\_ **Years in Adult Critical Care** \_\_\_\_\_

**For Post-Master's Applicants Only:**

**Which of the following graduate degrees have you earned?**

\_\_\_ Family Nurse Practitioner      \_\_\_ Post-Master's Family Nurse Practitioner  
\_\_\_ Health Care and Nursing Administration      \_\_\_ Post-Master's Health Care and Nursing Administration  
\_\_\_ Nurse Anesthesia      \_\_\_ Post-Master's Nurse Anesthesia  
\_\_\_ Other graduate degrees (please specify) \_\_\_\_\_  
\_\_\_ Other Post-Master's certificates (please specify) \_\_\_\_\_

**Are you nationally certified as a:**

\_\_\_ NP (if yes, specify your area of specialization) \_\_\_\_\_  
\_\_\_ CNS (if yes, specify your area of specialization) \_\_\_\_\_  
\_\_\_ Nurse Midwife  
\_\_\_ CRNA  
\_\_\_ Nursing Management/Administration  
\_\_\_ Other (please specify) \_\_\_\_\_

**What is your national certification body?**

\_\_\_ ANCC      \_\_\_ AONE      \_\_\_ ACNM  
\_\_\_ NBCRNA      \_\_\_ PNCB      \_\_\_ Other (please specify) \_\_\_\_\_  
\_\_\_ AANP      \_\_\_ AMCB

Are you currently practicing in your area of specialization? \_\_\_\_Yes \_\_\_\_No

What is your current practice role? \_\_\_\_\_

Are you interested in completing your required practice experiences in the DNP program at your current site of employment?

\_\_\_\_\_Yes \_\_\_\_\_No

**For All Applicants:**

**Professional Nursing Licensure: (Attach copies of all RN licenses.)**

**Type of Nursing License:** \_\_\_\_RN license \_\_\_\_APN license

**Illinois:** # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

**Missouri:** # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

**Other:** (Please specify State) \_\_\_\_\_ # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

**Other:** (Please specify State) \_\_\_\_\_ # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

**Education**

Please list all institutions attended since high school, starting with the most recent. Identify dates attended and degrees (if earned):

Name of School	City and State	Dates Attended	List degree earned and date of graduation (if applicable)

**DNP Courses Completed (for Post-master's applicants)**

Course Number and Title	School	Date	Grade	Credit Hours

**Graduate Courses Completed (for Nurse Anesthesia applicants)**

Course Number and Title	School	Date	Grade	Credit Hours

**Prerequisite Courses (Post-master's applicants)**

Course	School	Course Number	Date Completed	Credit Hours	Grade
Graduate-level Statistics					
Graduate-level Epidemiology					
Graduate-level course in Evidence-Based Practice (or equivalent professional experience)					

**Prerequisite Courses (Nurse Anesthesia applicants)**

Course	School	Course Number	Date Completed	Credit Hours	Grade
Undergrad Statistics					
Bio or Organic Chemistry (Circle one)					
Intro Physics					

**Professional Experience** (list most current professional employment, start with the most recent).

Institution	City and State	Position Held	Dates of Employment

**Membership** in professional organizations and honorary societies and offices held:

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**Professional** recognition and creative activity (List scholarships, honors, or recognition received. Also list publications, research, etc.)

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**References:**

Three references from past or current professors, supervisors, or professional colleagues are required. You must use the forms included with the application. The references should attest to your potential for success in the DNP program (including leadership, initiative, and competency in practice) and your commitment to the profession.

Please list the names and addresses of three individuals who will provide references.

**PLEASE PRINT OR TYPE:**

#1. Name & Credentials \_\_\_\_\_

Title \_\_\_\_\_

Health Care Facility/Institution: \_\_\_\_\_

Phone # \_\_\_\_\_

#2. Name & Credentials \_\_\_\_\_

Title \_\_\_\_\_

Health Care Facility/Institution: \_\_\_\_\_

Phone # \_\_\_\_\_

#3 Name & Credentials \_\_\_\_\_

Title \_\_\_\_\_

Health Care Facility/Institution: \_\_\_\_\_

Phone # \_\_\_\_\_

Please return this form along with your completed SIUE application, Project Proposal Form, 3 completed Reference Forms (in sealed enveloped) and official copies of all transcripts, to:

Southern Illinois University Edwardsville  
Graduate Admissions  
Campus Box 1047  
Edwardsville IL 62026-1047