

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

- Completed SIUE Application & fee, for a Doctor of Nursing Practice.
<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>

Additional Requirements:

For Post-Master's DNP Applicants:

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

For Nurse Anesthesia DNP and Family Nurse Practitioner 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 complete a background check and drug screen and 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 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. Ali Willoughby, School of Nursing Graduate Advisor, at (618) 650-3930, or 1-800-234-4844 ext. 3930, or e-mail her at awillou@siue.edu.

Southern Illinois University Edwardsville School of Nursing
Doctoral 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 ___ Family Nurse Practitioner DNP

Date of requested admission to program: Fall Semester ___ (Post-Master's or Family Nurse Practitioner)
Summer Semester: ___ (Nurse Anesthesia only)

Years practicing (RN) ___ **Years practicing (APN) if applicable** ___ **Years in Adult Critical Care** ___ (for NA only)

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 and Family Nurse Practitioner applicants)

Course Number and Title	School	Date	Grade	Credit Hours

Prerequisite Course (Post-master's applicants)

Course	School	Course Number	Date Completed	Credit Hours	Grade
Undergrad/Grad Statistics (Circle one)					

Prerequisite Course (Family Nurse Practitioner applicants)

Course	School	Course Number	Date Completed	Credit Hours	Grade
Undergrad/Grad Statistics (Circle one)					

Prerequisite Courses (Nurse Anesthesia applicants)

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

For All Applicants:

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:

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

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 (for post-master's DNP applicants) or Goals Statement (for post-baccalaureate DNP applicants), 3 completed Reference Forms (in sealed envelopes) and official copies of all transcripts, to:

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