

The University of Alabama in Huntsville College of Nursing

Doctor of Nursing Practice Program



Application for Admission Doctor of Nursing Practice Post Master's

If you have any questions or concerns, please contact the UAH College of Nursing
Office of Graduate Programs, 256.824.6669

*****Priority deadline for submission is April 15*****

Application Checklist

Completed and signed UAH CON DNP application form sent to UAH College of Nursing, Office of Graduate Programs, NB 202, Huntsville, AL 35899.
Completed and signed UAH graduate application form sent to UAH Office of Graduate Admissions, MDH 134, Huntsville, AL 35899 along with a non-refundable application fee of 40 U.S. dollars. You must be formally admitted to UAH as a graduate student to be considered for admission to the DNP program
Curriculum vitae or current resume sent with UAH CON application form.
Two satisfactory references from former faculty or professional colleagues. Complete the top section and respond to the access of information waiver on each of the two recommendation forms and deliver or mail the form to the persons who will write the recommendations. The completed forms are to be mailed directly from the person making the recommendation to UAH College of Nursing, Office of Graduate Programs, NB 202, Huntsville, AL 35899.
Verification of active RN license sent with UAH CON application form.
Verification of advanced specialty certification as appropriate sent with UAH CON application form.
Professional Statement – (see page 3 of application)
Official transcripts from all higher education courses/programs attempted sent to UAH Office of Graduate Admissions.
Medical and background clearance through the UAH College of Nursing office of Student Affairs. The UAH CON will provide information about this process to accepted students.
If any academic credit was granted from an academic institution outside the United States, credits must be evaluated by World Education Services (www.wes.org , 800.937.3895) and results sent to UAH Office of Graduate Admissions.
Official Test of English as a Foreign Language (TOEFL) scores for international students whose native language is not English sent to UAH Office of Graduate Admissions.
All non-permanent students are required to submit official documents in English showing proof of funding sent to UAH Office of Graduate Admissions.

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PLEASE PRINT IN BLACK OR BLUE INK

Applying for Fall 20____

Check one: ____ I prefer full-time ____ I prefer part-time

GENERAL INFORMATION

Last Name First Name MI Preferred Name

Previous Last Name Social Security # or UAH Student ID #

Street Address City State Zip

County of Residence () Home Phone () Work Phone () Cell Phone

Email Address

Date of Birth ____/____/____ ____ Male ____ Female Country of citizenship _____

Please check one*

- | | |
|---|--|
| <input type="checkbox"/> White, Nonhispanic | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black, Nonhispanic | <input type="checkbox"/> Am. Indian/Alaskan Native |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Non-Resident Alien |

*Checking race is optional.

Are you currently a student at UAH? ____ Yes ____ No

Your enrollment status at UAH is, or will be: ____ American Citizen ____ Resident Alien
____ F-1 (international student)

Is English your native language? ____ Yes ____ No If no, please state your native language _____

Have you taken English as a Second Language? ____ Yes ____ No
If English is a second language, what is your most current TOEFL score? _____

How did you learn about the DNP program at UAH? _____

ACADEMIC INFORMATION

List in chronological order all colleges and universities you have attended. If additional space is needed, please attach a separate sheet. (When applying for admission to UAH, transcripts must be submitted from each institution attended.)

Academic Institution	Dates of Attendance	Credit Hours Earned	Degree(s) Earned

List the number of clinical hours in previous MSN program: _____

PROFESSIONAL INFORMATION

Beginning with the most recent activities, please list your employment experience during the past five years.

Employer	Address	Dates of Employment	Position/Title

Do you currently hold an active registered nurse license? ___Yes ___No If yes, in what state(s)?

Do you currently hold professional certification in any area(s)? ___Yes ___No If yes, please list:

List any professional organizations in which you currently hold membership:

Organization	Description of Activity	Dates

List the two people from whom recommendations are being requested.

Name	Title/Institution	Address	Telephone

PROFESSIONAL STATEMENT

Scholarly writing will be assessed and content will be used in the admission process. On a separate paper, answer the following questions in no more than 400 words.

- a. What are your professional goals?
- b. How will a DNP degree from UAHuntsville help you attain your goals?
- c. Identify one scholarly inquiry from your practice you would like to explore as part of the DNP program (e.g., quality improvement initiative, evidence-based practice guideline, new model of care; policy analysis).

REQUEST FOR ADMISSION

I have read and understood the attached checklist governing admission to the Doctor of Nursing Practice program at the UAH College of Nursing and do hereby request that I be considered for admission for Fall 20__.

Signature

Date

**Return completed application by April 15th to:
UAH CON Office of Graduate Programs, NB 202
Huntsville, AL 35899
Telephone: 256.824.6669
Fax: 256.824.6026**