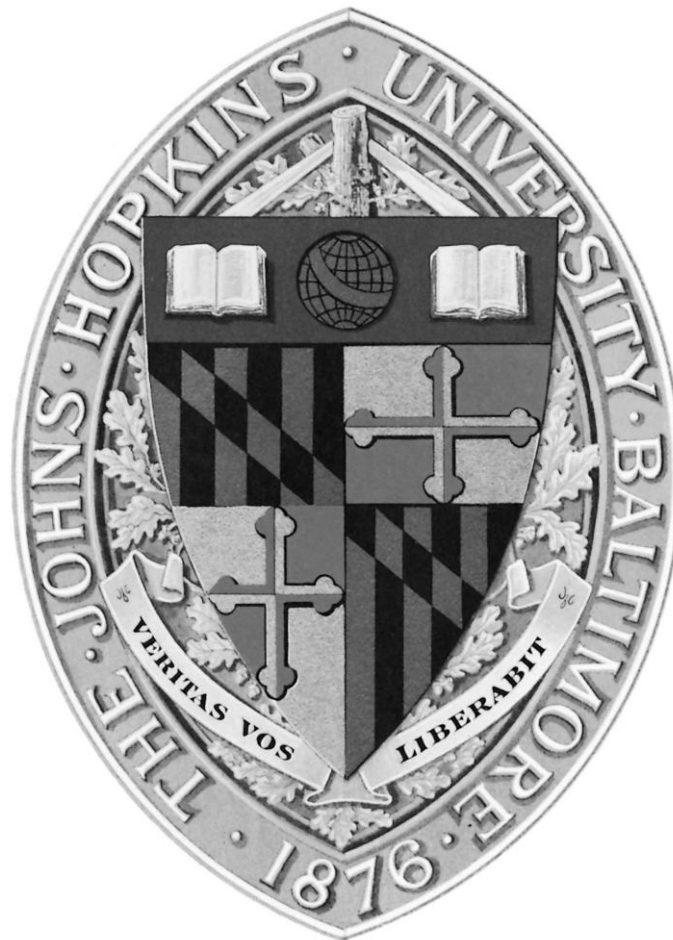


APPLICATION FOR ADMISSION

Doctor of Nursing Practice



"Bring into the school the best possible students, provide for them... the best possible instruction, instill into them a realization of their responsibilities, send them out in the profession." -- Elsie M. Lawler, Superintendent of Nurses, Johns Hopkins Hospital 1910-1940

APPLICATION INSTRUCTIONS

SEND APPLICATION TO: **Johns Hopkins University School of Nursing**
 Office of Admissions and Student Services
 525 North Wolfe Street, Suite 113
 Baltimore, MD 21205-2110

Questions or concerns? 410-955-7548 or jhuson@son.jhmi.edu

Follow all instructions carefully to avoid delays in the processing of application materials. Students **must** submit all supporting documentation, including official transcripts and recommendations, in sealed envelopes in one package.

APPLICATION CHECKLIST

<input type="checkbox"/>	Completed and signed application form
<input type="checkbox"/>	Signed statement acknowledging the Johns Hopkins University School of Nursing Ethics Policy
<input type="checkbox"/>	\$100 non-refundable application fee. Make check or money order payable to the Johns Hopkins University (<i>Please do not send cash</i>). Application fee is waived for Johns Hopkins University School of Nursing alumni.
<input type="checkbox"/>	Goal Statement / Project Proposal
<input type="checkbox"/>	Current resume or curriculum vitae
<input type="checkbox"/>	Three letters of recommendation from professionals who can speak to your practice experience, project management and leadership, and potential for success in doctoral study. Please complete the top section and respond to the access of information waiver on the three enclosed recommendation forms and deliver or mail to the persons who will write recommendations. The recommendations should be enclosed in sealed envelopes with the recommender's signature across the envelope flap .
<input type="checkbox"/>	Official transcripts from all colleges and universities attended (including the Johns Hopkins University)
<input type="checkbox"/>	If any academic credit was granted from an academic institution outside the United States, credits must be evaluated by WES (<i>World Education Services www.wes.org, 800-937-3895</i>) with a course-by-course evaluation. Results should be forwarded to the Office of Admissions and Student Services.
<input type="checkbox"/>	Official TOEFL (<i>Test of English as a Foreign Language www.toefl.org</i>) scores for international students whose native language is not English.
<input type="checkbox"/>	All non-permanent citizens are required to submit official documents in English showing proof of funding. For more information visit (http://www.hopkinsmedicine.org/intlsvcs/).
<input type="checkbox"/>	Verification of APRN certification or license appropriate to the state where the capstone courses will be completed must be submitted.
<input type="checkbox"/>	Criminal Background Check - Due to changing clinical site regulations, Johns Hopkins University School of Nursing students are required to undergo a criminal background check prior to matriculation. The School of Nursing will provide information about this process to accepted students.

Please note: *The University of necessity reserves the freedom to change without notice any programs, policies, requirements or regulations published herein.*

The Johns Hopkins University does not discriminate on the basis of race, color, gender, religion, sexual orientation, national or ethnic origin, age, marital status, disability or veteran status in any student program or activity administered by the university or with regard to admission or employment. Defense Department discrimination in ROTC programs on the basis of sexual orientation conflicts with this university policy. The university is committed to encouraging a change in the Defense Department policy. Questions regarding Title VI, Title IX and Section 504 should be referred to the Office of Equal Opportunity and Affirmative Action Programs, Garland Hall, Suite 130, (410) 516-8075.

8/8/07 MOR

Application for Doctor of Nursing Practice

School of Nursing

Entry Status: Fall 200___ Full-time

GENERAL INFORMATION

social security number

last name first middle previous name/s

permanent mailing address

city state zip code

current mailing address effective until

city state zip code

() () ()
home telephone number cell telephone number work telephone number

email address home state

Have you previously applied to the Johns Hopkins University School of Nursing? Yes No If yes, when?

CITIZENSHIP STATUS

U.S. Citizen Permanent Resident Foreign National

If not a U.S. citizen, country of citizenship (city and country)

Visa Type: PR F-1 H-1 A-1 G-1 Other

Do you need an I-20 or F-1 Visa? Yes No

CONTACT INFORMATION

Please indicate the contacts you have had with the Johns Hopkins University School of Nursing: (Check all that apply)

Special Hopkins on-campus program/tour _____
program, date

Peterson's Guide National League of Nursing Guide AllNursingSchools.com

World Wide Web _____ Mailing
site

Hopkins alumni/current student _____
name

Visit to your college/place of employment by a Hopkins representative _____
location

Career day/school fair event _____
program

Other _____

Please indicate what influenced you most to apply to the Johns Hopkins University School of Nursing:

Name: _____

SS#: _____

OPTIONAL

The Johns Hopkins University School of Nursing seeks to attract students from all racial and ethnic groups in society. We would appreciate your providing the following **optional** information that will be used for statistical purposes only and will not be considered as part of the admissions decision. Please be advised that the information sought is intended for use in connection with the School of Nursing's voluntary equal opportunity efforts. There is no requirement that you provide the information and no adverse action will result if you choose not to answer the inquiry. All the information will be maintained confidentially.

How would you describe yourself?

- Asian or Asian American
- Black, African American or African
- Caucasian
- Latin American, South or Central American or other Hispanic
- Native Hawaiian or Pacific Islander
- Native American or Alaskan Native
- Mexican American or Chicano
- Puerto Rican

Gender: Female Male

Date of birth: _____ Place of birth: _____

We wish to reiterate that the School encourages the submission of applications from all qualified individuals regardless of the applicant's race, color, gender, religion, sexual orientation, national or ethnic origin, age, marital status, disability or veteran status.

TEST INFORMATION – FOR INTERNATIONAL STUDENTS ONLY

TOEFL:

Month/Year _____ Score _____

ACADEMIC INFORMATION

List in chronological order **all** undergraduate and graduate schools that you have attended. Include any division of the Johns Hopkins University.

Academic Institutions	Location	Dates of Attendance	Major	Degree Granted/Expected

PREREQUISITE COURSEWORK

Please complete the chart indicating when and where you have taken these level courses.

Coursework	Academic Institution	Course Title and Number of Credits	Date Completed
Information Technology in Nursing Course			
Graduate Level Statistics Course			

Name: _____

SS#: _____

HONORS AND AWARDS

Are you a member of Sigma Theta Tau International Honor Society of Nursing?

Yes No If yes, which chapter? _____

Please list academic, community or employment honors, and/or awards you have received.

Honor/Award	Description	Date

CREDENTIALS

	State	License Number
RN LICENSURE		
APRN Licensure if applicable		

	Type	Source/Organization	Dates
APRN Certification			
Other Certifications or Credentials			

EMPLOYMENT INFORMATION

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

Employer	Position/Title	Dates

RECOMMENDATIONS

List three persons from whom recommendations are being requested.

Name	Title/Institution	Address	Telephone

Name: _____

SS#: _____

PUBLICATIONS AND PRESENTATIONS

List papers presented and publications

List titles	Publishers	Dates

PROFESSIONAL ORGANIZATIONS

List the professional, community and volunteer organization in which you have been active.

Organization	Description of Activity	Dates

GOAL STATEMENT / PROJECT PROPOSAL

Please submit a typed scholarly statement (maximum of 6 double-spaced pages) addressing the following topics:

- 1) The area of nursing practice that you will emphasize in this program. Describe your prior experience related to this area of emphasis and your goals for the future.
- 2) A current practice-related issue that would be the focus of your Capstone Project. Describe the issue including its scope and significance, the patient population and the clinical setting of interest. Discuss alternative solutions described in the literature and identify an approach that you might take in addressing the issue.
- 3) The environment in which you hope to implement your Capstone Project. Please identify a potential practice mentor and how this individual could facilitate your project.

ETHICS POLICY

Students enrolled in the Johns Hopkins University, School of Nursing are expected to conduct themselves in a manner that upholds the values of this institution of higher education. Each student is obligated to refrain from violating academic and professional nursing ethics, principles and non-academic standards of conduct. The School of Nursing Ethics Policy is based on the shared core values stated in the School's Values Statement.

To review the Johns Hopkins University, School of Nursing Ethics Policy, visit http://www.son.jhmi.edu/resources/general/policies/ethics_policy.pdf.

By signing here you agree that if admitted, you will hold yourself and others to the highest standards based on the values of **excellence, respect, diversity, integrity** and **accountability**.



Signature: _____ Date: _____

APPLICANT SIGNATURE

My signature below indicates that all the information contained in my application is factually correct and honestly presented. I acknowledge that this application and all required credentials submitted to the Office of Admissions and Student Services, including school and college reports and all transcripts, are confidential items and are not to be released to anyone except as allowed by applicable law. I recognize that the University reserves the right to deny admission to applicants even though they have met the minimum requirements for admission.

Signature: _____ Date: _____

How well do you think the applicant has considered plans for doctoral study?

What do you think is the applicant's potential for innovative practice and translation of evidence into practice?

Please rate the applicant using the following scales:

	Outstanding Top 5 %	Above Average Top 25%	Top 50%	Below Average	No opportunity to observe
Motivation					
Leadership capabilities					
Resourcefulness					
Judgment and professional maturity					
Ability to collaborate					
Breadth of general knowledge					
Intellectual capacities					
Quality of oral expression					
Analytical ability					
Quantitative ability					
Expertise in practice specialty					

Please comment on the ratings that you have assigned and make additional comments about the applicant's record, potential, personal or leadership qualities which you feel would be helpful to the Graduate Admissions Committee. We are especially interested in anything that you might add that would not be otherwise apparent in the applicant's record.

In making our admission decisions, we value your appraisal of the applicant's qualities. Thank you for your evaluation.

Name: _____ Title: _____

Institution: _____

Address: _____

Telephone number: _____ Email address: _____

Signature: _____ Date: _____

How well do you think the applicant has considered plans for doctoral study?

What do you think is the applicant's potential for innovative practice and translation of evidence into practice?

Please rate the applicant using the following scales:

	Outstanding Top 5 %	Above Average Top 25%	Top 50%	Below Average	No opportunity to observe
Motivation					
Leadership capabilities					
Resourcefulness					
Judgment and professional maturity					
Ability to collaborate					
Breadth of general knowledge					
Intellectual capacities					
Quality of oral expression					
Analytical ability					
Quantitative ability					
Expertise in practice specialty					

Please comment on the ratings that you have assigned and make additional comments about the applicant's record, potential, personal or leadership qualities which you feel would be helpful to the Graduate Admissions Committee. We are especially interested in anything that you might add that would not be otherwise apparent in the applicant's record.

In making our admission decisions, we value your appraisal of the applicant's qualities. Thank you for your evaluation.

Name: _____ Title: _____

Institution: _____

Address: _____

Telephone number: _____ Email address: _____

Signature: _____ Date: _____

How well do you think the applicant has considered plans for doctoral study?

What do you think is the applicant's potential for innovative practice and translation of evidence into practice?

Please rate the applicant using the following scales:

	Outstanding Top 5 %	Above Average Top 25%	Top 50%	Below Average	No opportunity to observe
Motivation					
Leadership capabilities					
Resourcefulness					
Judgment and professional maturity					
Ability to collaborate					
Breadth of general knowledge					
Intellectual capacities					
Quality of oral expression					
Analytical ability					
Quantitative ability					
Expertise in practice specialty					

Please comment on the ratings that you have assigned and make additional comments about the applicant's record, potential, personal or leadership qualities which you feel would be helpful to the Graduate Admissions Committee. We are especially interested in anything that you might add that would not be otherwise apparent in the applicant's record.

In making our admission decisions, we value your appraisal of the applicant's qualities. Thank you for your evaluation.

Name: _____ Title: _____

Institution: _____

Address: _____

Telephone number: _____ Email address: _____

Signature: _____ Date: _____