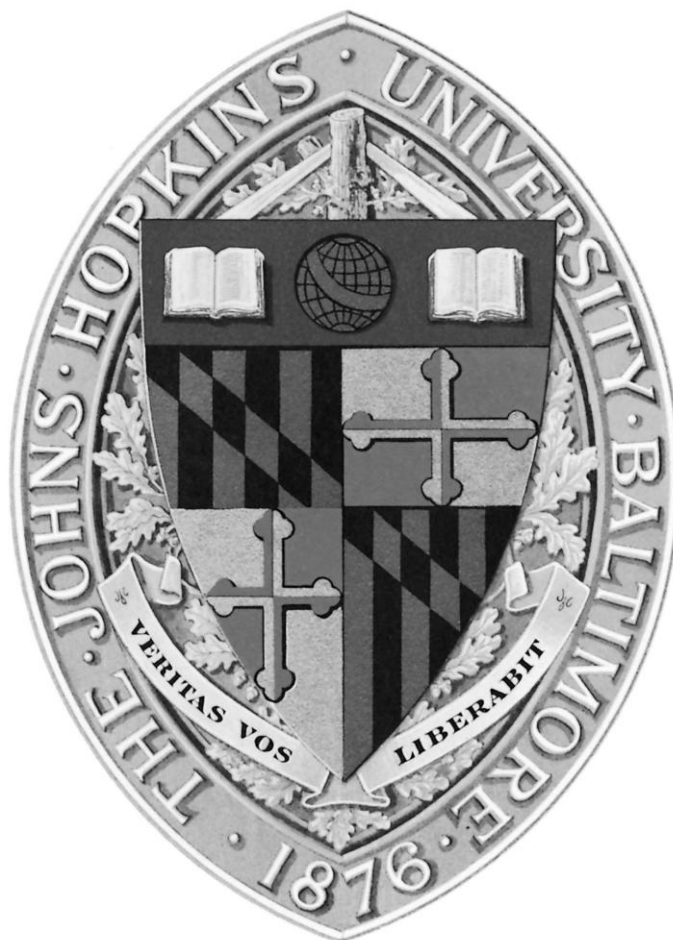


Johns Hopkins University School of Nursing

Application for Admission

Post-Degree Certificate Options

- *Nurse Practitioner*
- *Hopkins Business of Nursing*
- *Advanced Forensic Nursing Certificate*
- *Nurse Educator Certificate Option*



"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

Post-Degree Certificate Options Application Guidelines

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

Follow all instructions carefully to avoid delays in the processing of application materials. In order to expedite the application process, the application and all supporting documentation (transcript, recommendations, etc) may be submitted in one package. The application and all supporting documentations must be postmarked by the applicable application deadline. Before a final admission decision can be made, all supporting documentation must be received.

All applicants must submit:

- Completed and signed application form
- Signed statement acknowledging the Johns Hopkins University School of Nursing Ethics Policy
- \$75 non-refundable application fee. Make check or money order payable to the Johns Hopkins University
Please note: The application fee is waived for alums of the JHUSON
- Goal statement
- Two recommendations; one may be from an academic source and one may be from professional source or both may be from professional sources. The recommendations must be enclosed in sealed envelopes with the recommender's signature across the envelope flap.
- Current resume or curriculum vitae

Nurse Practitioner:

- Official transcripts from all graduate level colleges and universities attended (including the Johns Hopkins University)
- Verification of current RN license. A Maryland RN license must be obtained by the time of matriculation.

Hopkins Business of Nursing, Advanced Forensic Nursing Certificate and Nurse Educator Certification Option applicants must submit:

- Official transcripts from all colleges and universities attended (including the Johns Hopkins University)
- Verification of current RN license.

International applicants and applicants who have completed courses outside of the United States must submit:

- Official Course-by-Course WES (World Education Services) Evaluation or official Course-by-Course Evaluation from CGFNS (Commission on Graduates of Foreign Nursing Schools).
Please note: if any academic credit was granted from an academic institution outside the United States, credits must be evaluated.
- Official TOEFL (Test of English as a Foreign Language) scores for international students whose native language is not English.
Please note: TOEFL is not required for applicants who have a baccalaureate degree or higher from an accredited school within the United States or applicants that have lived in the United States for more than five years.
- All non-permanent citizens are required to submit official documents in English showing proof of funding by the time of matriculation. For more information, visit (<http://www.hopkinsmedicine.org/intlsvcs/>).

Notes:

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.

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

Criminal Background Check - 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.

Name: _____

SS#: _____

Goal Statement

Please type a statement addressing the reasons why you wish to pursue a Post-Degree Certificate. Focus on your long-term goals and how a Post-Degree Certificate will complement these goals. Include your current and past clinical experience in a related field. The statement should be no more than two pages in length and should be typed and double-spaced.

Test Information

TOEFL

Month/Year _____

Score _____

RN License Information

States or countries in which licensed as an RN:

License Number:

Academic Institution Information

List in chronological order all baccalaureate and graduate schools that you have attended. An official transcript from each institution attended is required.

Academic Institution	City and state	Dates Attended	Major	Degree Granted/Expected

Prerequisites - For applicants to the Nurse Practitioner option only

Coursework	Academic Institution	Course title and number of credits	Completion date
Pathophysiology (must be taken within the past 5 years)			
Human Development and Family Theory (for Adult NP and Family NP)			
Child Development (for Family NP and Pediatric NP)			

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

Name: _____

SS#: _____

Recommendations

List the contact information for the people who will be submitting recommendations on your behalf

Name	Title/Institution	Address	Telephone

Employment Information

List most recent first.

Employer	Position/Title	Dates

How did you hear about us?

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 _____
name and date of program
- 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 _____
name and date of program
- Other _____

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

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 entire Johns Hopkins University, School of Nursing Ethics Policy, visit <http://www.nursing.jhu.edu>.

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: _____

Name: _____

SS#: _____

Applicant's 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 Johns Hopkins University School of Nursing 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: _____

APPLICANT

_____ last name

_____ first name

_____ middle name

Type of reference: Academic Professional

Applicant's Waiver

Under the Family Educational Rights and Privacy Act (FERPA) you have the right, if you enroll at the Johns Hopkins University School of Nursing, to review your recommendation. The act further provides that you may waive your right to see your recommendation. Please indicate your choice and sign your name whether or not you wish to waive this right.

I waive I do not waive Signature: _____ Date: _____

RECOMMENDER

The Admissions Committee is interested in your assessment of the applicant. You may use this form to address the questions below or you may address the questions below on letterhead and include it with this form. Once complete, return your recommendation in a sealed envelope with your signature across the back flap to the applicant or the Johns Hopkins University School of Nursing, Office of Admissions and Student Services 525 North Wolfe Street, Suite 113, Baltimore, MD 21205.

What is your relationship with the applicant? _____

How long you have known the applicant? _____

What do you consider to be the applicant's strengths? _____

What do you consider to be the applicant's weaknesses? _____

How well do you think the applicant has considered plans for this program? _____

What is the applicant's potential for creative scholarship and research? _____

Please rate the applicant using the following scales:

	Outstanding Top 5 %	Above Average Top 25%	Top 50%	Below Average	No opportunity to observe
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breadth of general knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual capacities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____ Title: _____

Employer: _____ Email address: _____

Address: _____

Phone number: _____ Signature _____ Date: _____

APPLICANT

last name

first name

middle name

Type of reference: Academic Professional

Applicant's Waiver

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Judgment and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breadth of general knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual capacities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: _____ Title: _____

Employer: _____ Email address: _____

Address: _____

Phone number: _____ Signature _____ Date: _____