

Johns Hopkins University School of Nursing

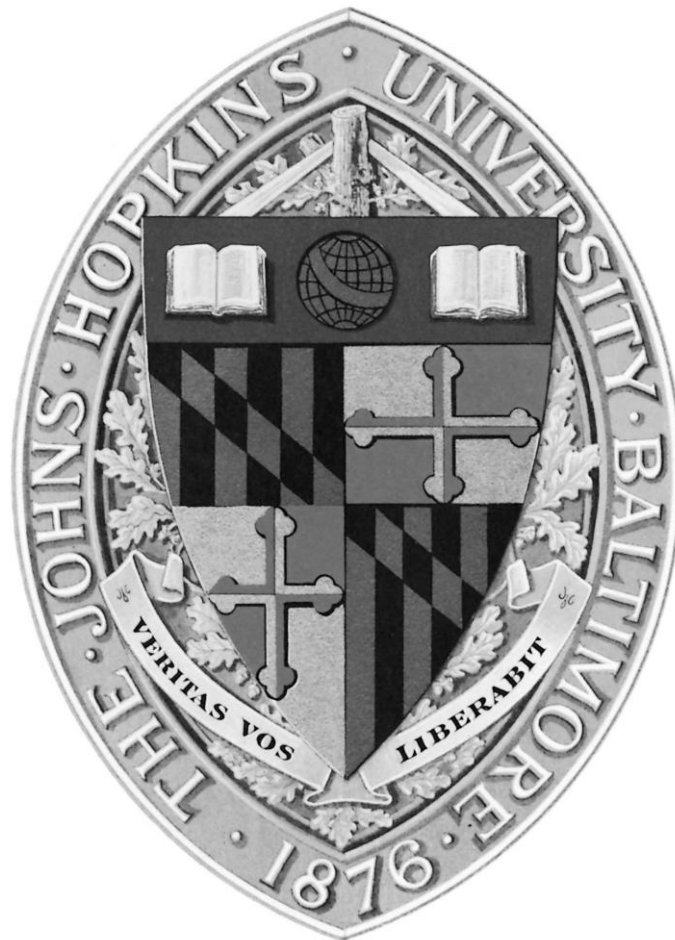
Application for Admission

MSN - Master of Science in Nursing

MSN/MBA - Master of Science in Nursing/Master of Business Administration

MSN/MPH - Master of Science in Nursing/Master of Public Health

MSN/PhD - Master of Science in Nursing/Doctor of Philosophy



"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

Master's Program 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

Deadlines: **August 1** - for fall entry
December 1 - for spring entry
May 1 - for summer entry (except MSN/MPH)
February 15 - Women's Health Clinical Nurse Specialist/Nurse - Midwifery Track
December 1 - for MSN/MPH July entry
Please note: MSN/MPH applications must be complete by the deadline

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 Johns Hopkins University
- Goal statement
- Three recommendations; at least one recommendation must be from an academic source (i.e. a professor whose class you have completed or are currently in the process of completing). The remaining two recommendations may be from either an academic or professional source (i.e. from an employment/volunteer supervisor). The recommendations should be enclosed in sealed envelopes with the recommender's signature across the envelope flap.
- Official transcripts from all colleges and universities attended (including the Johns Hopkins University)
- Current resumé
- Official GRE scores sent to the JHUSON (School code: 5767)
Please note: The GRE is required for the MSN/MPH, MSN/MBA and MSN/PhD options only. It is optional for all other Master's options.
- Verification of current RN license. All RN's must obtain a Maryland RN license and present verification by the time of matriculation.

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.

Johns Hopkins University School of Nursing

Master's Program Application

Semester/Year: Fall 20 _____ Spring 20 _____ Summer 20 _____

Full-time Part-time

Specialty Area: Adult Primary Care Nurse Practitioner

Adult Acute/Critical Care Nurse Practitioner

Family Primary Care Nurse Practitioner

Pediatric Primary Care Nurse Practitioner

Clinical Nurse Specialist

Acute/Critical Care

Adult Health

Child Health

Forensic Nursing

Gerontology

Infectious Disease

Oncology

Women's Health

Other clinical area _____

Women's Health Clinical Nurse Specialist/Nurse - Midwifery Track

Health Systems Management

Health Systems Management: Emergency Preparedness/Disaster Response

Health Systems Management/Clinical Nurse Specialist Dual Focus

MSN/MBA

Public Health Nursing

MSN/MPH (indicate MSN focus)

Public Health Nursing

Nurse Practitioner with a Public Health Nursing Focus (indicate Nurse Practitioner focus)

Adult Acute/Critical Care

Adult Primary Care

Family Primary Care

Pediatric Primary Care

MSN/PhD

General Information

last name first name middle name previous name/s

Female Male

social security number date of birth place of birth

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? _____

Have you ever served in the Peace Corps? Yes No If yes, where and when? _____

Demographics

U.S. Citizen Permanent Resident Foreign National

If not a U.S. citizen, country of citizenship _____

Visa Type: F-1 J-1 Other _____

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

Name: _____

SS#: _____

Optional - the following items are optional. No information you provide will be used in a discriminatory manner.

Are you Hispanic/Latino? Yes, Hispanic or Latino (including Spain) No

Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you:

- American Indian and Alaska Native (including all Original Peoples of the Americas)
- Asian (including Indian subcontinent and Philippines)
- Black or African American (including Africa and Caribbean)
- Native Hawaiian or other Pacific Islander (Original Peoples)
- White (including Middle Eastern)

Are you a US Armed Services veteran? Yes No

Goal Statement

Please type a statement, 2 - 3 double-spaced pages in length, describing your professional goals and your reason for interest in the program at Johns Hopkins University School of Nursing.

MSN/PhD applicants: please describe your research interests and be as specific as possible.

MSN/MPH applicants: your application will be reviewed by both the School of Nursing and the Bloomberg School of Public Health at the Johns Hopkins University. Please address your reasons for applying to the MSN/MPH joint degree option, include your work and volunteer experience as related to public health issues and your future goals.

Test Information

GRE

Month/Year _____

Verbal _____ Quantitative _____ Analytical Writing _____

TOEFL

Month/Year _____ Score _____

Academic Institution Information

List in chronological order **all** undergraduate 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

Indicating when and where you have taken or plan to take these baccalaureate level courses. Applicants who fail to complete this section will not have their application reviewed by the Admissions Committee.

Coursework	Academic Institution	Course title and number of credits	Completion date
An information technology in nursing course			
A statistics course			
A health assessment course			

Name: _____

SS#: _____

To be filled out by MSN/MPH applicants only

Coursework	Academic Institution	Course title and number of credits	Completion date
College level course in Quantitative Science (ex. Algebra, Calculus, Statistics)			
General Biology			
Health Related Science (ex. Nutrition, Anatomy, Physiology)			

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

Recommendations

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

Name	Title/Institution	Address	Telephone

RN License Information

States in which licensed as an RN:

License Number:

Employment Information

List most recent first.

Employer	Position/Title	Dates

Name: _____

SS#: _____

Organizations

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

Organization	Description of Activity	Dates

Research Activities

List any thesis or other research you have conducted or in which you have been involved as a member of a research team.

Title of research project	Your role in the project	Dates

Publications and Presentations

List titles	Publishers	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: _____

Name: _____

SS#: _____

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: _____

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 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

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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 _____

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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"/>
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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: _____

Johns Hopkins University School of Nursing

Master's Academic Merit Scholarship Guidelines and Application

The Johns Hopkins University School of Nursing offers a limited number of Master's Academic Merit Scholarships to eligible and qualified accepted students. The competitive awards are made to those accepted applicants who, in the judgment of the faculty of the School of Nursing, have demonstrated academic excellence and leadership capabilities. **Please note that preference for merit scholarships is given to students who intend to enroll full-time.** The Scholarship may be renewed each year provided you remain in good academic standing at the School of Nursing and depending on availability of funds. It is through the fundraising initiatives of the School of Nursing Development Office that we are able to offer these awards.

To be **eligible** for the Master's Academic Merit Scholarship, you must:

- Have an outstanding academic record
- Have demonstrated leadership capabilities and involvement in academic or professional nursing organizations

To be **considered** for the Master's Academic Merit Scholarship you must:

- Complete the Master's Academic Merit Scholarship Application
- Submit a typed personal statement (maximum two double spaced pages) addressing the following:

Describe leadership experiences and/or your involvement in academic or professional nursing organizations that have contributed to your career goals. Describe how receiving a Master's Academic Merit Scholarship from the Johns Hopkins University School of Nursing will assist you in the continued pursuit of your goals.

- Return both documents no later than **March 1**

The **recipients** of the Master's Academic Merit Scholarship will:

- Remain in good academic standing
- Provide stewardship to the donor as requested by the Development Office. Stewardship may include activities such as thank you letters and attending a scholar/donor luncheon.

last name	first name	middle name	previous name/s
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address

city	state	zip code
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()	()	()
----------	----------	----------

home telephone number	cell telephone number	work telephone number
-----------------------	-----------------------	-----------------------

email address

I have read the Master's Academic Merit Scholarship Guidelines and I agree to the conditions.

Signature: _____ Date: _____

Send application and essay to one of the following:

Mail: The Academic Merit Scholarship Committee
Johns Hopkins University School of Nursing
Office of Admissions and Student Services
Attn: Kasey Lambert
525 North Wolfe Street, Suite 113
Baltimore, Maryland 21205

Email: klamber4@son.jhmi.edu

Fax: 410-614-7086, Attn: Kasey Lambert