

UNIVERSITY OF ROCHESTER SCHOOL OF NURSING

Instructions for Applicants to the DNP Program

Web page address: www.son.rochester.edu

The University of Rochester School of Nursing uses a self-managed application process which requires the applicant to complete the enclosed forms, write a goal statement and gather all documents needed to complete the application process. The applicant then submits all materials in the enclosed envelope.

This packet contains an application, two transcript request forms with envelopes, three recommendation forms with envelopes, a response card and an envelope in which to submit all materials.

Application:

Your Professional Goal Statement must be typed. Keep a copy of all sections of the application except transcripts and references which should not be opened once they are returned to you.

Transcripts:

Complete the enclosed transcript request form for each college or university attended, including your basic nursing or professional entry-level program. **(If you are a graduate of The University of Rochester School of Nursing, you do not need to request an official transcript.)** Address the transcript envelope to yourself, affix postage and mail the request form, the appropriate fee and the self-addressed envelope to the Registrar's Office at the institution you attended. The transcript should be returned to you in the self-addressed envelope with a signature across the sealed flap. Return the **unopened** transcripts with your application materials to the School of Nursing Office of Student Affairs in the envelope provided.

Professional Registration/Licensure Verification:

Enclose a **copy** of your current nursing or other professional registration/license with your application materials.

Curriculum Vitae and Writing Sample:

Include your most recent Curriculum Vitae and a copy of a writing sample (paper, publication, etc.) on which you are first or sole author.

Application Fee:

There is a \$50 (US) non-refundable application fee. Make your check or money order payable to "The University of Rochester School of Nursing" and enclose it with your application.

The University of Rochester values diversity and is committed to equal opportunity for all persons regardless of age, color, disability, ethnicity, marital status, national origin, race, religion, gender, sexual orientation or veteran status. Further, the University complies with all applicable non-discrimination laws in the administration of its policies, programs and activities. Questions on compliance should be directed to the particular school or department and/or to the University's Equal Opportunity Coordinator, University of Rochester, P.O. Box 270039, Rochester NY 14642. Phone: (585) 275-9125.

Response Card:

Address the response card to yourself at your current address and enclose it with your application materials. It will be returned to you when we receive your completed application packet.

Application Deadline:

Priority is given to applications received by February 1 for Fall admission. Applications received after that date are considered on a space-available basis.

Financial Aid:

Financial assistance is not available through School of Nursing scholarships. Please see the School of Nursing website (www.son.rochester.edu) for information on outside opportunities and sources of support. Area health care institution reimbursement is the most common form of aid.

If you have any questions, please call the School of Nursing Office of Student Affairs at (585) 275-2375.

ADMISSION REQUIREMENTS:

1. Master of Science degree in Nursing from an accredited program
2. RN licensure within the United States or US territory
3. Cumulative grade-point average of 3.0 for undergraduate work and 3.5 for graduate work (preferred)
4. Completed DNP application including essay/professional goal statement, writing sample, and Curriculum Vitae or resume
5. Competitive scores on the Graduate Record Examination (general test only) taken within past 5 years or successful completion of an accredited doctoral program
6. For international students for whom English is not the primary language or who did not complete their degree in nursing in an English speaking country, Test of English as a Foreign Language (TOEFL; minimum scores required as follows: above 560 (regular paper test) or above 230 (regular computer test) or 88 (new "I-based" test)
7. A minimum of three years of employment as a Registered Nurse in a clinical setting
8. National certification (if available) in advanced nursing practice specialty area
9. Favorable interview with at least two faculty members delineating motivation and goals for doctoral study and advanced nursing practice
10. Three positive letters of recommendation: At least one from an academician (with an earned doctorate), at least one from a supervisor in an employment setting, and at least one from a practicing Registered Nurse. Taken together, these references should speak to the applicant's intellectual ability, clinical proficiency, academic achievement, and professional commitment.

Employment and Related Experience

Indicate present employer, if any, plus positions you have already had in your proposed field, including relevant summer or part-time work.

| Employer | Position/Title | Dates: From/to |
|----------|----------------|----------------|
| | | |
| | | |
| | | |
| | | |

Honors and other evidence of scholarship (honorary societies, fellowships, awards, etc.): _____

If honors essays, theses, published works or the like are available, they may be submitted. Send duplicates as these materials cannot be returned. If publications are listed, please provide complete references.

Transcripts

An official transcript from each college or university previously attended, including your basic nursing program, must be enclosed with this application. If you attended the University of Rochester and give permission for the Registrar to release an internal transcript, sign here: _____

Student copies of transcripts are not acceptable.

Recommendations

Provide the names, titles and addresses of at least three individuals whom you have asked to recommend you. At least one should be an academician with an earned doctorate, at least one should be a supervisor who has supervised you in an employment setting, and at least one should be from a practicing Registered Nurse. Taken together, these references should speak to your intellectual ability, clinical proficiency, academic achievement, and professional commitment.

Name: _____ Phone: (_____) _____
area code

Title or position: _____ E-mail address: _____

Business Address: _____
Street City State Zip Code

Name: _____ Phone: (_____) _____
area code

Title or position: _____ E-mail address: _____

Business Address: _____
Street City State Zip Code

Name: _____ Phone: (_____) _____
area code

Title or position: _____ E-mail address: _____

Business Address: _____
Street City State Zip Code

Additional Information

If you are applying for admission to other universities or colleges, please list them: _____

List any DNP nursing courses completed or in progress: _____

Have you applied for admission to the University of Rochester before? Yes No
If yes, when? _____

Please list any fellowships or other scholarly aid for next year for which you are a candidate (National Science Foundation, Fulbright, military benefits, employee benefits, etc.) _____

Do you wish to be considered for university housing? Yes No

International Students Only

For Visa Purposes:

City and country of birth: _____

Country of citizenship: _____ Marital status: _____

If you are now a resident of the United States, what type of visa do you hold? _____

If your spouse or any dependent children will accompany or join you in the United States, please provide the following information on a separate sheet of paper: name, date of birth, citizenship and relationship to applicant.

Transcript Evaluation:

Students graduating from any foreign school must have their transcript evaluated by one of the following:

World Education Services, Bowling Green Station, P.O. Box 5087, New York, NY 10274-5087;

E-mail: info@wes.org; phone: 212-966-6311; fax: 212-739-6100 **or Educational Credential Evaluators, Inc.**,
P.O. Box 514070, Milwaukee WI 53203-3470; www.ece.org; E-mail eval@ece.org; phone: 414-289-3400; fax: 414-289-3411

I certify that all information provided by me in this application is correct and accurate.

Signature: _____ Date: _____

Professional Goal Statement

The goal of the DNP program is to prepare experts in specialized advanced nursing practice. Graduates will assume a variety of clinical roles that promote evidence-based, innovative practice.

The purpose of this statement is for you to provide information about yourself as well as to demonstrate your ability to express ideas clearly and logically in a grammatically correct format.

Please attach a typed, well-organized statement describing the following:

1. The aspects of your background that have led you to seek a DNP degree, including experiences that have increased your sensitivity to inequality and health disparities.
2. Your plans for your career following completion of the DNP program.
3. How the goals and content of our DNP program will enable you to meet these career aims.
4. A specific clinical problem or issue you would like to address using your skills as a DNP-prepared nurse.
5. Specific faculty members within the University of Rochester School of Nursing whose clinical interests overlap with your interests and who may be possible mentors for you.
6. Any clinical experts in your practice specialty within the University of Rochester Medical Center who may be possible mentors for you.

**University of Rochester
School of Nursing**

Please complete this form and **attach a copy of your Professional Registration or Licensure.**

Name: _____

PROFESSIONAL REGISTRATION INFORMATION

| State Where Registered | License Number | Active/Inactive | Expiration Date |
|------------------------|----------------|-----------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Signature: _____

Date: _____

Transcript Request

To: The Registrar

From: Nancy Kita
University of Rochester School of Nursing
Box SON
Rochester NY 14642

Re: Transcript Request

Please release an official copy of the student's transcript to the student, place the transcript in the enclosed envelope and sign the envelope across the sealed flap.

The University of Rochester School of Nursing uses a self-managed application for admission to the DNP Program. The applicant is responsible for sending the School of Nursing the entire application in one envelope. If your office has any objection to this practice, send the transcript directly to: Nancy Kita, Office of Student Affairs, University of Rochester School of Nursing, Box SON, Rochester NY 14642, and inform the student accordingly.

The following is to be completed by the student:

Name: _____

Address: _____

Social Security Number: _____ - _____ - _____

University ID Number: _____

Dates Attended: _____ Degree Awarded: _____ Major: _____

I request that an official transcript from: _____
(Name of Institution)

be sent to me directly at the above address and that the transcript be sealed in the enclosed envelope with a signature across the sealed flap.

Student's Signature: _____ Date: _____

Transcript Request

To: The Registrar

From: Nancy Kita
University of Rochester School of Nursing
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Re: Transcript Request

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Name: _____

Address: _____

_____ Zip Code: _____

Social Security Number: _____ - _____ - _____

University ID Number: _____

Dates Attended _____ Degree Awarded _____ Major _____

I request that an official transcript from _____
(Name of Institution)

be sent to me directly at the above address and that the transcript be sealed in the enclosed envelope with a signature across the sealed flap.

Student's Signature: _____ Date: _____

University of Rochester School of Nursing DNP Reference Form

Name of Applicant: _____
Last (Surname)
First
Middle

To applicant: If you agree to waive your right under the Family Education Rights and Privacy Act of 1974 to review specific and composite letters of recommendation, please sign here:

Applicant's signature: _____ Date: _____

To the Reference Writer:

The goal of the DNP program is to prepare experts in specialized advanced nursing practice. Graduates will assume a variety of roles that promote evidence-based, innovative approaches to clinical practice.

Please fill out the form below, including the 2nd page. You may attach a supplementary letter if you wish.

1. How long have you known the applicant? _____ In what capacity? _____
2. Please rank the applicant on these characteristics in comparison to applicant's peers:

| | No basis for judgment | Below average (< 40%) | Average (40-60%) | Above average (60-75%) | Very good (75-90%) | Excellent (90-95%) | Exceptional (top 5%) |
|-----------------------------|-----------------------|-----------------------|------------------|------------------------|--------------------|--------------------|----------------------|
| Intellectual ability | | | | | | | |
| Clinical proficiency | | | | | | | |
| Ability to conceptualize | | | | | | | |
| Written expression | | | | | | | |
| Oral English expression | | | | | | | |
| Mathematical skill | | | | | | | |
| Analytic ability | | | | | | | |
| Independence and initiative | | | | | | | |
| Collaboration | | | | | | | |
| Self-discipline | | | | | | | |
| Organization | | | | | | | |
| Maturity | | | | | | | |
| Honesty and ethics | | | | | | | |
| Leadership skills | | | | | | | |
| Teaching skills | | | | | | | |
| Sense of humor | | | | | | | |

3. Overall, among the students or employees at a similar level whom you have known in recent years, how would you rate this applicant?

Among the very best you have taught
 Top 5%
 Top 10%
 Top 25%
 Average

(please go on to complete 2nd page)

4. Please provide examples of the applicant's strengths that will aid in completing a DNP program and pursuing a career that promotes evidence-based, innovative practice.

5. Please describe areas the applicant needs to further develop in pursuing specialty practice clinical expertise.

Name of recommender (please print): _____

Position, profession or occupation: _____

Business Mailing Address: _____

E-mail Address: _____ Phone: _____

Signature: _____ Date: _____

University of Rochester School of Nursing DNP Reference Form

Name of Applicant: _____
Last (Surname)
First
Middle

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|-----------------------------|-----------------------|-----------------------|------------------|------------------------|--------------------|--------------------|----------------------|
| Intellectual ability | | | | | | | |
| Clinical proficiency | | | | | | | |
| Ability to conceptualize | | | | | | | |
| Written expression | | | | | | | |
| Oral English expression | | | | | | | |
| Mathematical skill | | | | | | | |
| Analytic ability | | | | | | | |
| Independence and initiative | | | | | | | |
| Collaboration | | | | | | | |
| Self-discipline | | | | | | | |
| Organization | | | | | | | |
| Maturity | | | | | | | |
| Honesty and ethics | | | | | | | |
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Business Mailing Address: _____

E-mail Address: _____ Phone: _____

Signature: _____ Date: _____

University of Rochester School of Nursing DNP Reference Form

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| Intellectual ability | | | | | | | |
| Clinical proficiency | | | | | | | |
| Ability to conceptualize | | | | | | | |
| Written expression | | | | | | | |
| Oral English expression | | | | | | | |
| Mathematical skill | | | | | | | |
| Analytic ability | | | | | | | |
| Independence and initiative | | | | | | | |
| Collaboration | | | | | | | |
| Self-discipline | | | | | | | |
| Organization | | | | | | | |
| Maturity | | | | | | | |
| Honesty and ethics | | | | | | | |
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| Sense of humor | | | | | | | |

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 Top 25%
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Business Mailing Address: _____

E-mail Address: _____ Phone: _____

Signature: _____ Date: _____