

University Of Rochester  
School of Nursing

Leadership in Health Care Systems Masters Program  
**Clinical Nurse Leader**

Thank you for your interest in the University of Rochester School of Nursing Clinical Nurse Leader Program. Application Deadline: Priority is given to applications received by the preferred deadline of November 1<sup>st</sup> for spring (January) admission. Applications received after that date are considered on a space-available basis.

A complete application consists of the following:

- The completed application form.
- An **official** transcript from **each** college or university attended, including your basic nursing program, if applicable. (An introductory statistics course is required). **Unofficial or student copies of transcripts are not acceptable.**
- Two letters of reference which address professional and/or academic ability:** One masters prepared nurse (e.g. nursing faculty member, clinical nurse specialist, nurse practitioner, or nurse manager) preferred and /or nursing supervisor (forms are enclosed for your use and it is strongly recommended that your reference use their official letter head). **All references need to be in a sealed envelope and signed by the preparer.**
- A non-refundable \$50 (U.S.) application fee. Make your check or money order payable to the University of Rochester School of Nursing and enclose the fee with your application.
- Copy of RN registration
- Current copy of Curriculum Vitae or Resume
- Clinical Exemplar
- Typewritten Professional Goal Statement
- Response card
- CNL requirement:** A minimum of three years of employment as a registered nurse in clinical setting.

Send all application materials to: Nancy Kita, University of Rochester School of Nursing,  
Office of Student Affairs, Box SON, Rochester NY 14642, in the enclosed envelope.

Questions may be directed to the School of Nursing Office of Student Affairs at (585) 275-2375.

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 of department and/or to the University's Equal Opportunity Coordinator, University of Rochester, P.O. Box 270039, Rochester NY 14627. Phone: (585) 275-9125.



Are you currently enrolled in the RN to BS program at the UR: Yes \_\_\_\_\_ No \_\_\_\_\_

Have you completed any courses at UR: Yes \_\_\_\_\_ (years attended \_\_\_\_\_)

Please list any courses completed or in progress:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

Have you applied to the UR previously: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when: \_\_\_\_\_

Sign here if you would like your UR transcript courses/grades added to your file:

\_\_\_\_\_

When do you plan to enroll at the UR: Year \_\_\_\_\_ ( January \_\_\_\_\_ May \_\_\_\_\_ September \_\_\_\_\_ )

Are you planning to study: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Military Service: Active \_\_\_\_\_ Veteran \_\_\_\_\_ Other \_\_\_\_\_

**Citizenship Information:** (\*Required for government recording)

**Non- U.S. Citizens**

\*Citizen of what country? \_\_\_\_\_

\*Are you a permanent U.S. resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

**U.S. Citizens Only**

**Race/Ethnicity:** \*Are you Hispanic or Latino? \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*Please select one or more races that you identify with from the following:**

- \_\_\_\_\_ American Indian or Alaskan Native      \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Native Hawaiian or Other Pacific      \_\_\_\_\_ White
- \_\_\_\_\_ Asian

**CPR Information:**

Attach a copy of a current CPR card from the Basic Life Support for the Professional offered by the American Heart Association or the American Red Cross. Please indicate below the type of CPR training you have had. **This is a requirement prior to starting the program.** Type of CPR Certification: \_\_\_\_\_

**Please answer the following questions:**

- 1. Have you ever been dismissed from a school, college or university? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Have you ever been convicted of a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answer **yes** please elaborate on a separate sheet of paper.

## Licensure Information

**Registered Nurses** must complete this form and **attach a copy of NURSE REGISTRATION.** (An active permit or license is required to be eligible to register for clinical courses.) Enclose with your application.

Name: \_\_\_\_\_

### Nurse Registration Information

States Where Registered	License Number	Active/Inactive	Expiration Date

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### International Students Only

**For visa purposes:**

City and Country of birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

If you are a United States resident, what type of visa do you hold: \_\_\_\_\_

**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 10247-5087; E-mail: [info@wes.org](mailto:info@wes.org); Phone: 212-966-6311; Fax: 212-739-6100 **or Educational Credentials Evaluators, Inc.**, P.O. Box 514070, Milwaukee WI 53203-3470; E-mail: [eval@ece.org](mailto:eval@ece.org); Phone: 414-289-3400; Fax: 414-289-3411.

**Test of English as a Foreign Language (TOEFL):**

\_\_\_\_\_ score \_\_\_\_\_ date taken

## Document References Below

Provide the names, titles, and addresses of two of your present or former nursing instructors, supervisors or employers whom you have asked to recommend you. If you have been employed six months or more, a letter from your supervisor may be used.

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Title or Position: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip Code

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Title or Position: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip Code

**Tell us how you became interested in the University of Rochester School of Nursing:**

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**Your signature indicates that all the information in this application is factual**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Professional Goal Statement**

### **Must be TYPEWRITTEN**

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. You should provide information about yourself, your aims, your plans for the future and your reasons for wanting to enter the **Clinical Nurse Leader** Master's Degree program at the University of Rochester School of Nursing. Please include how you would contribute to student diversity in the UR School of Nursing; for example, you could write about your natural or acquired talents or abilities, career or work experiences, community or volunteer service, educational experiences, exposure to different cultures or ways of life or leadership experiences. This statement must be typewritten and is limited to 500 words.

## **Clinical Exemplar**

Writing a clinical exemplar is included in the application to give you the opportunity to share your nursing knowledge with the faculty. Clinical judgments become more refined over time and are the basis for providing leadership in patient care situations. Nurses use exemplars or clinical examples to explain their experiences and knowledge of patient care to others.

In this section, provide a clinical practice exemplar relating a patient care situation you were involved in. Describe what happened, the assumptions you made, your expectations and intent, and the outcomes of actions and interactions with the patient and other members of the health care team. The exemplar must be typewritten and limited to about 500 words.

**Send Letter of Recommendation to:**

Nancy Kita  
University of Rochester School of Nursing  
Office of Student Affairs  
Box SON, 601 Elmwood Avenue  
Rochester NY 14642

**To be completed by Applicant:**

Name of Applicant: \_\_\_\_\_

First Middle Last

Name of Recommender: \_\_\_\_\_

First Middle Last

Title and Employer: \_\_\_\_\_

I hereby waive my right of access under The Family Education Rights and Privacy Act of 1974 to specific and composite letters of recommendation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Recommender:**

**Please complete this form and attach a letter *ON OFFICAL LETTERHEAD* All information must be provided.**

The admissions procedure of the University of Rochester, School of Nursing requires the applicant to gather individual letters of recommendation plus all other documents and submit a complete set of documents with the application. The advantage of this system is that the student knows the application is complete when submitted. After completing this form, place it in the envelope provided, seal the envelope, sign across the sealed flap and return it to the applicant who will forward it unopened to the School of Nursing.

How long and in what capacity have you known the applicant? \_\_\_\_\_

- A. Please comment on the applicant's strengths and weaknesses for **Clinical Nurse Leader Masters** study. If you have taught the applicant, your comparison of the applicant's work to that of other students would be helpful. If you have worked with the applicant, your assessment of his or her potential is most valuable. Balanced evaluations generally work to the applicant's advantage.
- B. Among the students at a similar level whom you have known in recent years, how would you rate this student?  
 \_\_\_\_\_ Among the very best \_\_\_\_\_ Top 5% \_\_\_\_\_ Top 10% \_\_\_\_\_ Top 25% \_\_\_\_\_ Top half \_\_\_\_\_ Below average

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Recommender: \_\_\_\_\_

Position, Profession or Occupation: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area code

Professional Address: \_\_\_\_\_

**Send Letter of Recommendation to:**

Nancy Kita  
University of Rochester School of Nursing  
Office of Student Affairs  
Box SON, 601 Elmwood Ave  
Rochester NY 14642

**To be completed by Applicant:**

Name of Applicant: \_\_\_\_\_

First Middle Last

Name of Recommender: \_\_\_\_\_

First Middle Last

Title and Employer: \_\_\_\_\_

I hereby waive my right of access under The Family Education Rights and Privacy Act of 1974 to specific and composite letters of recommendation.

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- C. Among the students at a similar level whom you have known in recent years, how would you rate this student?

\_\_\_\_ Among the very best \_\_\_\_ Top 5% \_\_\_\_ Top 10% \_\_\_\_ Top 25% \_\_\_\_ Top half \_\_\_\_ Below average

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Recommender: \_\_\_\_\_

Position, Profession or Occupation: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_  
Area code

Professional Address: \_\_\_\_\_