

# UNIVERSITY OF ROCHESTER SCHOOL OF NURSING

## Instructions for Applicants to the MS-PhD Accelerated Programs

Web page address: [www.son.rochester.edu](http://www.son.rochester.edu)

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

**Application:** Professional Goal Statement must be typed. Keep a copy of all completed sections of the application except transcripts and recommendations which should **NOT** be opened once they are returned to you.

**Curriculum Vitae:** Include a current CV

**Writing Sample:** Include a copy of an academic paper, clinical document, or publication on which you are first or sole author.

**Transcripts:** Complete the transcript request form for each college or university attended, including your basic nursing program. **(If you are a graduate of The University of Rochester School of Nursing, you do not need to request an official transcript.)** Address an 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** transcript envelope with your application materials to the School of Nursing Office of Student Affairs in the envelope provided.

**Nurse Registration Verification:** Enclose a **copy** of your current nursing registration form with your application materials.

**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 in the envelope provided.

**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 for full-time graduate students may be available through a variety of sources such as University funds, National Research Service Awards (NRSA) and teaching and research assistantships. Please see the School of Nursing website for information on current opportunities and sources of support.

If you have any questions, please contact 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 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.

## **MS AND PhD ACCELERATED PROGRAM ADMISSION REQUIREMENTS:**

1. Bachelor of Science Degree in Nursing from an accredited program
2. RN licensure within the United States or a U.S. territory
3. Masters degree specialty area identified as part of admission process
4. One year of clinical experience in appropriate specialty area prior to matriculation
  - For Acute Care Nurse Practitioner – medical/surgical experience is required
  - For Care of Children and Families Nurse Practitioner– pediatric experience is preferred
  - For Care of Children and Families Nurse Practitioner/Neonatal Nurse Practitioner option – two years of neonatal critical care staff nurse experience is required
  - For Adult or Family Nurse Practitioner – nursing experience is preferred
5. Cumulative GPA of 3.5 preferred for undergraduate work
6. Statistics with a grade of B or above
7. Completed MS-PhD application (Part I and Part II)
8. Curriculum vitae
9. Typewritten personal statement of career goals
10. A sample of scholarly writing (paper, publication, or other written work) for which you are the first or sole author
11. Competitive scores on the Graduate Record Examination (general test only) within the past 5 years
12. Three positive letters of recommendation that speak to the applicant's professional and intellectual abilities and achievements, potential as an advanced practice nurse, research potential and professional commitment. One reference should be from a masters prepared nurse/manager supervisor in the clinical setting. Others should be from academicians.
13. Favorable interviews with two School of Nursing faculty members delineating goals and interests for combining a clinical masters with a PhD degree
14. International Students Only: TOEFL scores >560 paper-based, >230 computer-based or 88 iBT internet-based

## **MS AND PhD ACCELERATED PROGRAM REQUIREMENTS:**

The MS and PhD Accelerated Programs combine required course work for the Masters degree and the PhD degree with the following efficiencies:

1. PhD research courses (NUR 510, General Linear Approaches I; NUR 511, Research Design; NUR 512 General Linear Approaches II in place of Masters courses (NUR 405, Principles of Research Evidence-based Practice, NUR 406, Applying Theory and Research in Advanced Practice). The PhD outcomes regarding research content exceed those of the masters core courses (NUR 405 and NUR 406).
2. Selected masters specialty courses are accepted as partial fulfillment for the PhD cognate requirement:
  - NUR 407A Physiological and Pathophysiological Bases of Advanced Nursing Practice
  - NUR 435 Growth and Development
  - NUR 415 Middle Age and Aging
  - NUR 470 Psychopathology
  - NUR 475 Pathophysiology of Mental Illness

The six MS-PhD options include:

1. MS Acute Care Nurse Practitioner/PhD
2. MS Adult Nurse Practitioner/PhD
3. MS Care of Children and Families Nurse Practitioner/PhD
4. MS Care of Children and Families Nurse Practitioner with Neonatal Nurse Practitioner Option/PhD
5. MS Family Nurse Practitioner/PhD
6. MS Psychiatric/Mental Health Nurse Practitioner/PhD

Sample degree plans are available upon request.





## 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. One reference should be from a masters-prepared nurse manager from your clinical setting. The other two should be from academics, at least one with a PhD in Nursing. Taken together, the recommendations should speak to your readiness to pursue your chosen advanced practice specialty and your potential as a future researcher.

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 Master's nursing courses completed or in progress: \_\_\_\_\_

\_\_\_\_\_

Are you requesting that any prior master's coursework be transferred to the program you are applying to? Y/N \_\_\_\_\_

If yes, please list: \_\_\_\_\_

(Note: We accept a total of 10 credits of master's level coursework taken as a non-matriculated student at the University of Rochester or elsewhere. Official transcripts are required.)

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

If you are married, is your spouse already studying at or applying to the University of Rochester?  Yes  No

If yes, give name of spouse and department: \_\_\_\_\_

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

If no financial aid can be offered to you, do you wish to be considered for admission?  Yes  No

If you can be offered a scholarship that covers only tuition, do you wish to be considered for admission?  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 you.

**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; E-mail eval@ece.org; phone: 414-289-3400; fax: 414-289-3411.

## **Professional Goal Statement**

The goal of the PhD program is to prepare researchers who will contribute to knowledge that will enhance clinical practice. Graduates will assume leadership positions in academia and clinical research roles.

The purpose of the Professional Goal Statement is to demonstrate your readiness for this program and your ability to express ideas clearly and logically.

**Please attach a typed, well-organized statement** describing:

1. The aspects of your background that have led you to seek a PhD degree, including experiences that have increased your sensitivity to inequality and health disparities;
2. The reasons you are seeking a Master's Degree and nurse practitioner preparation in your chosen clinical practice area;
3. Your plans for your career following completion of the PhD program;
4. How the goals and content of our research-focused PhD program will enable you to meet these career aims;
5. A specific clinical problem or issue you would like to address using your skills as a beginning researcher;
6. Specific faculty in the University of Rochester School of Nursing whose research programs overlap with your research interests and may be possible mentors for you.

**University of Rochester  
School of Nursing**

Please complete this form and **attach a copy of your Nurse Registration.**

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

**NURSE REGISTRATION INFORMATION**

State Where Registered	License Number	Active/Inactive	Expiration Date

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

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

**CPR Information:**

Attach a copy of a current CPR card from 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.

Type of CPR Certification: \_\_\_\_\_

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

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

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

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 and sign the envelope across the sealed flap.

The University of Rochester School of Nursing uses a self-managed application for admission to the MS-PhD Accelerated 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: \_\_\_\_\_

\_\_\_\_\_ 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 an envelope with a signature across the sealed flap.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## University of Rochester School of Nursing MS-PhD 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 PhD program is to prepare researchers who will contribute to knowledge that will enhance clinical practice. Graduates will assume leadership positions in academia and clinical research roles.

**Please fill out the form below, including the 2<sup>nd</sup> 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 his or her 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							
Written expression							
Oral English expression							
Mathematical skill							
Analytic ability							
Ability to conceptualize							
Self-discipline							
Organization							
Maturity							
Honesty and ethics							
Independence and initiative							
Research experience							
Leadership skills							
Teaching skills							
Clinical proficiency							
Collaboration							
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

4. Please provide examples of the applicant's strengths that will aid in completing a PhD program and pursuing a career as a researcher.

5. Please describe the applicant's areas for further development as she or he becomes a researcher:

Name of recommender (please print): \_\_\_\_\_

Position, profession or occupation: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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Business Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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