

Instructions for Applicants

Post Masters Program

This packet contains an application form, two transcript request forms with envelopes, two recommendation forms with envelopes, a response card and an envelope in which to send all materials to: Nancy Kita, University of Rochester School of Nursing, Office of Student Affairs, 601 Elmwood Avenue, Box SON, Rochester, NY 14642.

The Application:

All information should be typed or printed neatly. 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.

The Transcript:

Complete the enclosed transcript request form for each college or university attended, including your basic nursing program. (If you are a University of Rochester School of Nursing graduate, you do not need to request an official transcript). Address the transcript envelope to yourself and affix postage. 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.

The Recommendations:

Two recommendation forms are enclosed. Please give these to nurses who are best able to evaluate your potential for study in this program and your practice as a nurse practitioner. These references should address professional and/or academic ability, one master's prepared nurse (e.g. nursing faculty member, clinical nurse specialist or nurse manager) preferred and/or nursing supervisor.

Address the enclosed recommendation envelopes to yourself and place in a stamped, self-addressed envelope. Complete the top half of each recommendation form, give the forms and the envelopes to the two persons who will be writing recommendations, ask each person to complete the form, seal it in the envelope and sign the envelope across the sealed flap. The envelopes should then be returned to you. Enclose the **unopened** envelopes with recommendations in your application packet.

The Nurse Registration Verification:

Enclose a copy of your nurse registration.

The Application Fee:

There is a \$50 (U.S.) non-refundable application fee. Make checks payable to the University of Rochester School of Nursing and enclose the fee with your application.

CPR Certification:

Submit a copy of current CPR card from the Basic Life Support for the Professional offered by the American Heart Association or American Red Cross. Completion of a CPR certification course through Nursing Education at Strong Memorial Hospital cannot be accepted since it is not approved by these agencies.

The 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 as soon as we receive your completed application packet.

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

POST MASTERS ADMISSION REQUIREMENTS

1. Official transcripts documenting successful completion of Bachelor of Science and Master of Science Degrees
2. RN licensure within the United States or a United States territory
3. Two favorable references which address professional and/or academic ability, one masters prepared nurse (e.g., nursing faculty member, clinical nurse specialist or nurse manager) preferred and/or nursing supervisor
4. Goal Statement: 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 write a well-organized statement describing: 1. the aspects of your background that have led you to consider seeking a Post Masters; 2. your practice interests and why you have chosen your clinical Nurse Practitioner specialty; 3. what you hope to accomplish during the course of the Post Masters program (the skills and knowledge you hope to gain); 4. your plans for your career following completion of the Post Masters program. We are particularly interested in learning about aspects of your background and experience that may have increased your sensitivity to issues of inequality and health disparities. This statement must be typewritten and is limited to 500 words.
5. Include your most recent Curriculum Vitae (**Resume**) and a copy of a **writing sample** (term papers, essays, technical reports, grant applications, are all appropriate – or, if none of the above, a review of a recent article*). *Please attach the article.
6. Personal interview with faculty member is at the discretion of the program faculty
7. Documentation of an undergraduate Physical Assessment Course
8. Cumulative GPA of at least 3.0 preferred from Master's Degree in Nursing
9. International Students Only: TOEFL scores >560 paper-based, >230 computer-based or 88 iBT internet-based
10. One year of clinical experience in appropriate specialty area prior to matriculation:
 - Acute Care Nurse Practitioner- medical/surgical experience required
 - Pediatric Nurse Practitioner - pediatric experience preferred
 - Neonatal Nurse Practitioner – neonatal experience required
 - Adult or Family Nurse Practitioner – nursing experience preferred
 - Neonatal Nurse Practitioner - a master's degree in pediatrics or maternal-child health and a minimum of one-year full-time clinical experience in a NICU

The program of study is developed to enable the student to complete the courses and clinical work necessary to become qualified as a nurse practitioner according to current regulations. Total credit hours vary depending on the specialty selected, prior education and practice experience.

Since a prior graduate program has been completed, the applicant is not required to submit GRE or MAT score reports for this application.

A student's program plan of coursework is developed to enable the student to complete the courses and clinical work necessary to become qualified as a nurse practitioner (according to current regulations). Total credit hours vary depending on the specialty track selected, prior education and practice experience.

The application deadline is November 1. Applications received after that date are considered on a space-available basis. Only completed applications will be reviewed for admission. This program is not offered during the summer session.

For Further Information Contact:
 University of Rochester School of Nursing
 Office of Student Affairs
 Box SON
 Rochester NY 14642
 Phone: (585) 275-2375
 Fax: (585) 756-8299

Care of Children and Families Nurse Practitioner Program Director: Pamela Herendeen, MS, APRN, BC, PNP University of Rochester School of Nursing Box SON Rochester NY 14642 Phone: (585) 275-5693 Fax: (585) 273-1258 E-mail: pamela_herendeen@urmc.rochester.edu	Adult and Family Nurse Practitioner Program Director: Lisa Norsen, RN, MS University of Rochester School of Nursing Box SON Rochester NY 14642 Phone: (585) 273-5713 Fax: (585) 273-1270 E-Mail: lisa_norsen@urmc.rochester.edu
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Previous Education

Colleges/Universities Attended	Dates	Degrees*	Major	GPA/Rank

*Include any degree expected by the end of the year and information concerning basic nursing education.

Transcripts

An official transcript from your Master of Science in Nursing program must be enclosed with this application.

International Students Only

For Visa Purposes: City and Country of Birth: _____ Marital Status: _____
 If you are a resident of the United States, 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 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.

Test of English as a Foreign Language (TOEFL): _____
date taken score

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

Additional Information:

Have you previously applied to the University of Rochester? ____ Yes ____ No

If yes, when? _____

If married, is your spouse currently studying at or applying to the University of Rochester?: ____ Yes ____ No

If yes, give name of spouse and department: _____

Undergraduate Physical Assessment Course: _____
Name of School, Course Number and Date of Course

Employment and Related Experience

Past and present positions you have had in your proposed field including summer or part-time work.

Employer	Position/Title	Dates to/from

Recommendations

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 No.: (_____) _____
Area Code

Title or Position: _____

Business Address: _____
Street City State Zip Code

Name: _____ Phone No.: (_____) _____
Area Code

Title or Position: _____

Business Address: _____
Street City State Zip Code

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

Signature: _____ Date: _____

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. Please write a well-organized statement describing: 1. the aspects of your background that have led you to consider seeking an MS degree; 2. your practice interests and why you have chosen your clinical NP specialty; 3. what you hope to accomplish during the course of the MS program (the skills and knowledge you hope to gain); 4. your plans for your career following completion of the MS program. We are particularly interested in learning about aspects of your background and experience that may have increased your sensitivity to issues of inequality and health disparities. This statement must be typewritten and is limited to 500 words.

**UNIVERSITY OF ROCHESTER
SCHOOL OF NURSING**

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.) Return both with your application. Thank you.

NAME : _____

NURSE REGISTRATION INFORMATION

STATES WHERE REGISTERED	LICENSE NUMBER	ACTIVE/ INACTIVE	EXPIRATION DATE

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 the type of CPR training you have had: _____

Send Letter of Recommendation to:

Nancy Kita
University of Rochester School of Nursing
Office of Student Affairs
Box SON
Rochester NY 14642

To be completed by the 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 the recommender (please type):

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, please place it in the envelope provided, seal the envelope, sign it 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 **Post Masters** study to prepare nurse practitioners. If you have taught the applicant, your comparison of the applicant's work to that of other students is 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 nurses or 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 (please print): _____

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
Rochester NY 14642

To be completed by the applicant:

Name of Applicant: _____

Name of Recommender: _____	First	Middle	Last
	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 the recommender (please type):

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B. Among the nurses or 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 (please print): _____

Position, Profession or Occupation: _____

Phone: (_____) _____
Area code

Student Signature: _____ Date: _____

Transcript Request

To: The Registrar

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

Re: Transcript Request

The University of Rochester School of Nursing uses a self-managed application for admission to the Post Masters Program to prepare nurse practitioners. The applicant is responsible for sending the School of Nursing the entire application in the same envelope. Please release an official copy of the student's transcript to the student, seal the transcript in the enclosed envelope and sign the envelope across the sealed flap.

If your office has any objections to this practice, please send the transcript directly to: Nancy Kita, University of Rochester School of Nursing, Office of Student Affairs, Box SON, Rochester NY 14642, and inform the student accordingly.

The following is to be completed by the student:

Name: _____

Address: _____
Street City State Zip Code

Social Security Number: _____

University ID Number: _____

Dates Attended: _____ Degree Awarded: _____ Major: _____

I request that an official transcript from _____
Name of School

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 Signature: _____

Date: _____