

# Doctor of Nursing Practice Program Application



Ida V. Moffett School of Nursing  
Samford University

## Advanced Practice Foci (Specialization)

- Advanced Practice Nursing:** For students with an M.S.N. degree and certified as a Clinical Nurse Specialist, Nurse Anesthetist, Nurse Midwife or Nurse Practitioner. Current Practice Area Certified \_\_\_\_\_
- Administration:** For students with an M.S.N. degree and a career goal to practice as a Nurse Executive in either a Health Care Delivery System or School of Nursing
- Education:** For students with an M.S.N. degree and a career goal to acquire knowledge and skills as a Nurse Educator
- Entry Date:       June 2008                       June 2009                       June 2010

(Please print legibly or type.)

## Personal Information

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle Preferred

Permanent Address \_\_\_\_\_  
Street/Box Number City State Zip

Current Address \_\_\_\_\_  
Street/Box Number City State Zip Effective Until

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Home Work Beeper/Mobile

In case of emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Citizenship \_\_\_\_\_

If not U.S. citizen, please indicate the following

- F-1 Visa       Permanent Resident       Nonresident Alien       Alien Registration Number \_\_\_\_\_

Other Visa Type \_\_\_\_\_

## Optional information for reporting purposes only. You may omit this section.

Birth Date \_\_\_\_\_  Male     Female  
Month/Day/Year

- American Indian or Alaskan Native     Asian     Black or African-American     Hispanic/Latino     Hawaiian Native/Pacific Islander     White

## How did you learn about our program?

Please indicate the contacts you have had with Samford University's Ida V. Moffett School of Nursing. (Check all that apply.)

- Peterson's Guide       National League for Nursing Guide       Mail       AACN       COA  
 AllNursingSchools.com       <http://www.samford.edu/schools/nursing/nursing.html>       Recruitment booth at a professional nursing meeting  
 Visit to your college/place of employment by a Samford representative (please provide location) \_\_\_\_\_  
 Samford alumna/alumnus/current student (please provide name) \_\_\_\_\_

What influenced you most to apply to Samford University's Ida V. Moffett School of Nursing? \_\_\_\_\_

### Prerequisite Coursework

When and where have you taken a GRADUATE-LEVEL STATISTICS COURSE?

College/University	Location	Course Title	Number of Credits	Date Completed
--------------------	----------	--------------	-------------------	----------------

### Academic Information

List in chronological order all undergraduate and graduate schools that you have attended.

College/University	Location	Dates Attended	Major	Degree Granted/Expected

### Credentials

Name on Nursing Licensure \_\_\_\_\_ Exp. Date \_\_\_\_\_

RN Licensure # \_\_\_\_\_ State of RN Licensure \_\_\_\_\_

APRN License # (if applicable) \_\_\_\_\_ State of APRN Licensure \_\_\_\_\_

APRN Certification Type \_\_\_\_\_ Source/Organization \_\_\_\_\_ Dates \_\_\_\_\_

Other Certification(s) or Credential(s) \_\_\_\_\_ Source/Organization \_\_\_\_\_ Dates \_\_\_\_\_

### Employment Information

Beginning with the most recent, list your work experience during the past five years. Use additional pages if needed.

1.	Position	Employer	Dates	Part- or Full-time
	Employer Address			Telephone
2.	Position	Employer	Dates	Part- or Full-time
	Employer Address			Telephone
3.	Position	Employer	Dates	Part- or Full-time
	Employer Address			Telephone

Are you currently employed in any of the following settings? (Check all that apply.)

<input type="checkbox"/> Community Health Center	<input type="checkbox"/> Migrant Health Center	<input type="checkbox"/> Public Housing Primary Care
<input type="checkbox"/> Homeless Health Care	<input type="checkbox"/> Rural Health Clinic	<input type="checkbox"/> National Health Service Corps Site, freestanding
<input type="checkbox"/> Federally Qualified Health Center	<input type="checkbox"/> Indian Health Service	<input type="checkbox"/> State or Local Health Department
<input type="checkbox"/> Ambulatory Practice Site	<input type="checkbox"/> Primary Care/Family Practice Physician's Office	<input type="checkbox"/> None of the above

### Recommendations

List three people from whom recommendations are being requested.

1.	Name	Title	Institution	Address	Telephone
2.	Name	Title	Institution	Address	Telephone
3.	Name	Title	Institution	Address	Telephone

### Honors and Awards

Are you a member of Sigma Theta Tau International Honor Society of Nursing?  Yes  No If yes, which chapter? \_\_\_\_\_

List academic, community or employment honors and awards you have received.

Honor/Award	Description	Date
Honor/Award	Description	Date
Honor/Award	Description	Date

### Publications and Presentations

List publications and papers presented.

Title	Publisher/Presentation Event	Date
Title	Publisher/Presentation Event	Date
Title	Publisher/Presentation Event	Date

### Professional and Service Affiliations

List professional, community and volunteer organizations in which you have been active in the last five years.

Organization	Description of Activity	Dates
Organization	Description of Activity	Dates
Organization	Description of Activity	Dates

### Professional Portfolio

The applicant submits a professional portfolio package that includes:

1. Completed School of Nursing D.N.P. application with a \$35 application fee
2. Current curriculum vita or résumé
3. Two official transcripts in sealed envelopes from all colleges and universities attended
4. Copy of active, current, unrestricted registered nursing license in the state of practice and residence
5. Evidence of certification in an advanced practice specialty when applicable
6. Three letters of recommendation in a sealed envelope signed by the recommender, at least one from a former dean or faculty member and two professional references, that attest to the applicant's academic ability and potential
7. Statement of reason(s) for seeking the D.N.P.
8. Paper (1–2 typed pages) identifying an evidence-based project in which the applicant is interested. This could be a practice improvement issue, a clinical management problem or an area of clinical research that the applicant will address while in the DNP program. The paper should cite appropriate sources and follow APA format. The applicant must be able to identify key resources (personnel, preceptors, institutions) necessary to complete the project.
9. Completed verification form of clinical hours from all post baccalaureate programs

### Background Information

- Yes  No Have you ever been arrested or convicted of a criminal offense other than a minor moving traffic violation?
- Yes  No Have you, within the last five years, abused drugs/alcohol or been treated for dependency to alcohol or illegal chemical substances?
- Yes  No Have you ever been arrested or convicted for driving under the influence of drugs/alcohol?
- Yes  No Have you ever had any disciplinary action or is action pending against you by any state board of nursing?
- Yes  No Have you ever been placed on a state and/or federal abuse registry?
- Yes  No Have you ever been court-martialed, disciplined or administratively discharged from the military?
- Yes  No Have you ever been convicted of a felony?
- Yes  No Has your nursing license ever been suspended or revoked for any reason?
- Yes  No In any college/university you have attended, have you ever been suspended for any reason?
- Yes  No In any college/university you have attended, have you ever been expelled for any reason?

If you answer "yes" to any of the above questions, please attach an explanation. If you have any questions, please call 205-726-2047.

I have reviewed the above information. No admission material will be returned, copied or faxed to the applicant. All statements made by me on this application are complete and accurate.

---

Signature

Date

Mail completed form with \$35 fee (waived for former or current Samford students) to:

Samford University  
Ida V. Moffett School of Nursing  
Attn: Graduate Program  
800 Lakeshore Drive  
Birmingham, AL 35229

Samford University admits students of any race, color, sex, national or ethnic origin all the rights, privileges, and activities generally accorded or made available to all its students. In accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, Samford does not discriminate on the basis of race, color, sex, disability, or national or ethnic origin in the administration of its educational policies, admissions policies, employment policies, scholarship and loan programs, athletic, and other school-administered programs. Inquiries concerning compliance with these laws, the regulations thereunder, or other published policies of the University should be directed to the Vice President and Dean of Students, Samford University, Birmingham, AL 35229.