University of Hawaii Hilo School of Nursing

DOCTOR OF NURSING PRACTICE

Supplementary Application Form

_____ Last Name _____ First Name	Please check ONE entry point: ☐BSN to DNP ☐MSN to DNP

Do you currently hold an active registered nurse (RN) license in the United States? ☐Yes ☐No

If Yes, in what state or states do you hold an active RN license? _____

License number: _____

Have you ever attended the UH Hilo School of Nursing? ☐Yes ☐No

Are you currently employed in Nursing? ☐Yes ☐No

IF YES, do you plan to continue working while in graduate school? ☐Yes ☐No

IF YES, do you plan on working part-time or full-time? ☐Part time ☐Full time

Are you a member of Sigma Theta Tau? ☐Yes ☐No **IF YES**, list chapter(s) and leadership positions held (if any).

_____

FOR INTERNATIONAL OR ENGLISH AS A SECOND LANGUAGE STUDENTS ONLY

Have you successfully completed the CGFNS qualifying examination? **IF NO,** when do you plan to take the CGFNS qualifying examination?

☐Yes ☐No

Have you successfully completed the NCLEX qualifying examination? **IF NO,** when do you plan to take the NCLEX qualifying examination?

☐Yes ☐No

TOEFL or IELTS Score (within last 2 years): _____

If you are **NOT** applying for the MSN to DNP entry point, please skip the next three questions:

Are you currently certified as an Advanced Practice Nurse? ☐Yes ☐No **IF YES**, please specify: Agency & Expiration Date:

_____

If you have a Master's degree in nursing, what is your specialty? ☐FNP ☐ANP ☐Gero ☐Administration ☐Other

If other, please list your area of study: _____

I have reviewed the UH-Hilo School of Nursing DNP Program Guidelines and Student Graduate Handbook and understand the following: I acknowledge that all information on this application is correct and that if admitted into the Doctor of Nursing Practice program, I will be financially liable for obtaining all immunizations, a drug screen, a background check, CPR certification, and other items required for the clinical practicum and/or internship portion of this program. I understand that there are required on-campus visits and that I will be responsible for making arrangements to attend. An online Doctor of Nursing Practice program in nursing is time intensive; and I understand that my coursework and/or clinical practicum requirements may conflict with other activities or my current employment and that I may need to rearrange these commitments to allow myself the opportunity and time to do well as a UH-Hilo DNP nursing student.

Signature: _____ Date: _____

2020 University of Hawai'i at Hilo, an Equal Opportunity/Affirmative Action institution and a campus of the University of Hawai'i system. Title IX Coordinator: Jennifer Stotter/Jenna Waipa, eeoaa@hawaii.edu, (808) 932-7642