



University of Hawaii Hilo School of Nursing

DOCTOR OF NURSING PRACTICE

Supplementary Application form

PLEASE PRINT OR TYPE

<p>Last Name _____ First Name _____ MI _____</p> <p>Address: (street) _____ City _____ State _____ Zip _____</p> <p>Phone: Home: _____ Cell: _____ e-mail: _____</p> <p>Employer's Name: _____ Work Phone: _____</p> <p>Employer's Address: (street) _____ City _____ State _____ Zip _____</p> <p>Work e-mail (optional) _____ Gender (optional) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG UH ID Number (if known): _____</p>	<p>Please check ONE entry point:</p> <p><input type="checkbox"/> BSN to DNP</p> <p><input type="checkbox"/> MSN to DNP</p> <p>Administrative FNP</p>												
<p>Do you currently hold an active registered nurse (RN) license in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No License Number: _____</p> <p>IF YES, in what state or states do you hold an active RN license? _____</p>													
<p>Have you ever attended the UH Hilo School of Nursing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you currently employed in Nursing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES, do you plan to continue working while in graduate school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IF YES, do you plan on working part-time or full-time? <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time</p>	<p>Please list degree(s) received and graduation dates (if applicable):</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Name of Institution (School)</th> <th style="width:20%;">Graduation Date Month/Year</th> <th style="width:20%;">Degree Received</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of Institution (School)	Graduation Date Month/Year	Degree Received									
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<p>Are you a member of Sigma Theta Tau? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, list chapter(s) and leadership positions held (if any)? _____</p>													
<p>FOR INTERNATIONAL OR ENGLISH AS SECOND LANGUAGE STUDENTS ONLY</p> <p>Have you successfully completed the CGFNS qualifying examination? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, when do you plan to take the CGFNS qualifying examination? _____</p> <p>Have you successfully completed the NCLEX qualifying examination? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, when do you plan to take the NCLEX qualifying examination? _____</p> <p>TOEFL or IELTS score (within last 2 years): _____</p>													
<p>If you are NOT applying for the MSN to DNP entry-point, please skip the next three questions:</p> <p>Are you currently certified as an Advanced Practice Nurse? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, please specify: Agency & Expiration date: _____</p> <p>If you have a Master's degree in nursing, what is your specialty? <input type="checkbox"/> FNP <input type="checkbox"/> ANP <input type="checkbox"/> Gero <input type="checkbox"/> Education <input type="checkbox"/> Administration <input type="checkbox"/> Other</p> <p>If other, please list your area of study: _____</p>													
<p>I have reviewed the UH-Hilo School of Nursing Faculty, Preceptor, and Student Graduate Handbook and understand the following:</p> <p>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 and background check, CPR certification, and other items required for the clinical practicum and/or internship portion of this program. I understand that there may be 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.</p> <p>Signature: _____ Date: _____</p>													

PLEASE PROVIDE THE FOLLOWING ADDITIONAL DOCUMENTS WITH YOUR APPLICATION

Resume or Curriculum Vitae: Please include a resume or curriculum vitae which documents your educational preparation, work experience, leadership and professional organization activities, and scholarly endeavors such as publications, presentations, research, honors, and awards.

Personal Goal Statement: Your personal goal statement should be typed, single-spaced, and attached to this application. In 600 words, submit a statement describing your professional goals and how participation in the DNP program will enhance these goals. Additionally, the statement should identify and briefly discuss a practice-based problem of interest to you that might serve as the topic for your final, scholarly, DNP project. The scope of the project when completed should be large enough that it would result in, for example, a change at the organizational system, regional or national level; new or revised state health policy, or the establishment of significant new health-related service to a population or geographic region. The purpose of this statement is to provide the Admissions Committee insight into the professional goals and expectations of the applicant, congruency of topic area with faculty expertise, and an opportunity to evaluate the applicant's written communication skills.

Recommendations: Please include three (3) professional recommendations, these can be from former faculty members or employers prepared at the master's or doctoral level who can address your potential or ability to function in the advanced practice nursing role (i.e. clinical skills, critical thinking, independent decision making, collaboration and communication with other health professionals, and leadership abilities). Applicants currently enrolled in a nursing program must submit recommendation forms in a sealed envelope with the reference's signature across the seal.

Final Checklist: SUBMIT ONLY A COMPLETED APPLICATION PACKET

- Application for UH Hilo Graduate School and a non-refundable application fee.
- Official Transcripts from all previous colleges/universities attended from an accredited nursing program.
- Current resume or curriculum vitae
- Personal Goal Statement (Est. 600 words, single spaced)
- 3 Recommendations from academic and/or professional references ([recommendation form: http://hilo.hawaii.edu/admissions/forms/documents/dnp_recommendation.pdf](http://hilo.hawaii.edu/admissions/forms/documents/dnp_recommendation.pdf))
- Copy of Current RN Licensure for Hawaii
- Copy of current Licensure in state where clinical practice or practice inquiry project will be conducted.
- Copy of Verification of APRN certification or license appropriate to the state where the clinical practice and practice inquiry will be conducted.
- Health Clearance: Tuberculosis clearance documentation, documentation for tetanus/diphtheria vaccination received within the last ten years; documentation for hepatitis-B vaccination series or serological evidence of immunity; serological evidence of immunity to mumps, rubella, rubeola and varicella. Others as requested by agency.

FOR INTERNATIONAL STUDENTS:

- TOEFL/IELTS results to be sent to UH-Hilo
- Successful completion of CGFNS exam

Please send your Supplementary Application form to:

UH Hilo Admissions Graduate Applications
200 W. Kawili Street
Hilo, HI 96720