

**UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
GRADUATE SCHOOL OF NURSING**

4301 Jones Bridge Road
Bethesda, MD 20814-4799
APPLICATION FOR ADMISSION
Internet Address: www.usuhs.mil

(Type in all information)

Date of Application:	Desired Date of Entry:	Nurse Anesthesia MSN <input type="checkbox"/> Nurse Practitioner MSN <input type="checkbox"/> Post Masters- Completion <input type="checkbox"/> CNS MSN <input type="checkbox"/>			
Name: <i>Last, First, Middle</i>		Date of Birth: <i>(mm/dd/yyyy)</i>	Social Security #: <i>(See Privacy Act State)</i>		Service:
Mailing Address: _____ <i>Street</i>		Phone: _____		Corps:	Entry Date:
_____ <i>City State Zip Code</i>		Home: _____ - _____		Rank:	
E Mail Address if any: _____		Office: _____ - _____			
State of Legal Residence:		U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
<p>Indicate Racial/Ethnic Background: for profile purpose only (Response Optional): check one</p> <p> <input type="checkbox"/> A = Asian/Pacific Islander <input type="checkbox"/> AI = American Indian <input type="checkbox"/> AN = Alaskan Native <input type="checkbox"/> B = Afro American/Black <input type="checkbox"/> C = Caucasian <input type="checkbox"/> H = Hispanic <input type="checkbox"/> M = Mexican American/Chicano <input type="checkbox"/> P = Puerto Rican (Mainland) <input type="checkbox"/> R = Puerto Rican (Commonwealth) <input type="checkbox"/> X = Other <input type="checkbox"/> Z = Prefer not to respond </p>					
<p>Have you taken the Graduate Record Examination? Yes <input type="checkbox"/> No <input type="checkbox"/> Date []</p> <p>Please have scores sent to: Dean, Graduate School of Nursing, Uniformed Services University of the Health sciences, 4301 Jones Bridge Road, Bethesda, MD 20814-4999.</p> <p>Note: The GRE must have been taken within five years of the date of this application.</p>					

Post Secondary Education: Please list all institutions attended after high school.

Institution:	Dates of Attendance From: To:	Major:	Degree Earned/ or # of credits	Date

Note: Send **Original** transcripts to: Dean, Graduate School of Nursing, Uniformed Services University of the Health Sciences, 4301 Jones Bridge Road, Bethesda, MD 20814-4799

Professional experience: List employment since completing nursing school including part-time. Describe any periods of time since nursing school, three months or longer in duration, that are not accounted for. Use an additional sheet if necessary. Attach CV.

Employer	Name of immediate supervisor	Job description and type of unit	Dates:	From	To

Professional Certifications:

Please indicate if you have any of the following certifications.

BCLS:	Provider		Instructor		Expiration Date:
ACLS:	Provider		Instructor		Expiration Date:
PALS:	Provider		Instructor		Expiration Date:

Please list other professional certifications you may have and all states where you are licensed to practice.

Other Professional Certifications		RN Licensure		
Certification	Expiration Date	State	Number	Expiration Date

Honors, Honor Societies, Professional and Civic Organizations and Offices Held:

Research Projects: Have you participated in any clinical or academic research projects? If yes, please list and indicate if this was during or after baccalaureate education.

Publications:

Check Appropriate Box:	Yes	No	If Yes, please specify
Have you previously applied for admission to graduate study at USUHS? What academic year? What was the result?			
Have you previously applied for admission to another graduate nursing school? What academic year? What was the result?			
Have you ever been dismissed from/denied readmission to any college or university?			
Do you consider anything about your academic record or career pattern to be unusual?			
Do you have any teaching experience?			
Have you ever withdrawn or repeated a term in any college or university?			

Total Continuing Education hours for last two years: _____

Three references are required, one of the following must be from a nurse: 1) current immediate supervisor, 2) faculty member, and 3) one other individual who is acquainted with you and your academic work. These letters should include a statement of your aptitude and promise for independent research. Deviations may be approved by the department chairperson. NA applicants must have a letter from a military CRNA in lieu of clinical supervisor. References should be sent to: Dean, Graduate School of Nursing, Uniformed Services University of the Health Sciences, 4301 Jones Bridge Road, Bethesda, MD 20814-4799.

Provide the following information concerning your references:

Name:	Institution:	Department:	Date of Request:

Privacy Act Statement: The information solicited in all Uniformed Services University of the Health Sciences application materials is governed by the Privacy Act. The following information is provided for your guidance.

1. The collection of information about applicants is authorized by Title 5 USC 301; Public Law 92-426; and Executive Order 9397.
2. The purpose of applicant records is to provide information upon which to base USUHS admissions decisions. Social Security Numbers are used to identify records and as a safeguard against error in compiling individual applicant-s records.
3. Routine uses of this information will include, in addition to admission decisions, related research and statistical endeavors designed to improve the admissions process.
4. The submission of information is voluntary on the part of applicants. However, applicants should be aware that failure to complete certain sections of this form may delay processing and/or increase the probability of accidental mishandling of applications.

I have read and understand the instructions (including the Privacy Act Statement). I certify that the information submitted in this application form is complete and correct to the best of my knowledge and I understand that any misrepresentation may be cause for denial of admission.

Signature _____

Date _____

**UNIFORMED SERVICES UNIVERSITY
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NAME _____
Last First Middle Initial

SOCIAL SECURITY NUMBER _____

Personal Statement: Be thoughtful and thorough; the Admissions Committee takes great interest in your statement.

DIRECTIONS:

This form is intended as your instrument to tell the Committee on Admissions about your specific interest in USUHS for your nursing education, and to explain your motivation for graduate study as an advanced practice nurse. In addition, amplify in your statement whatever you would like the Committee to know about you, and how your experiences- past and present have brought you to a pathway that leads to advanced practice nursing. Be concise and creative in your comments. Please type double-spaced, and do not exceed the space provided.

Statement:

Do not type outside this border

Information given in this Document may be subject to the Privacy Act