



# School of Nursing Post-Master's Certificate Program Application for Admission

## APPLICATION INSTRUCTIONS

**Please note:** This application is intended for use by students seeking admission to the School of Nursing Post-Master's Certificate Program at Viterbo.

1. Fill out requested information and mail to School of Nursing Graduate Program, Viterbo University, 900 Viterbo Drive, La Crosse, WI 54601.
2. An application is considered "complete" when all supporting materials have been received. The following items comprise a complete application file:
  - \_\_\_ a. Completed, signed application form and promissory note form.
  - \_\_\_ b. Professional and life experience information (see enclosed instructions).
  - \_\_\_ c. Official transcripts: One official transcript from master's degree granting institution and any other graduate credits earned. If a Viterbo graduate, a copy of your transcript is acceptable.
  - \_\_\_ d. Two recommendations (see enclosed instructions and form).
  - \_\_\_ e. A non-refundable application fee of \$25, payable to Viterbo University.
  - \_\_\_ f. Copy of RN license in current state of practice.
3. The School of Nursing will notify you of the receipt of your completed application. The first priority date for submitting applications is February 1. Applications received after that date will be reviewed and considered on a space available basis through June 1. Class size will be limited. As part of the application review, a personal interview may be requested. Recent professional experience is preferred.

### Questions?

Here's how to reach us:

**Address:** 900 Viterbo Drive  
La Crosse, WI 54601

**Phone:** For general information call 608-796-3671. For program content or admission requirements call 608-796-3688. For financial aid information call 608-796-3900.

**Email:** [bjnesbitt@viterbo.edu](mailto:bjnesbitt@viterbo.edu)

**Web site:** [www.viterbo.edu](http://www.viterbo.edu)

**Fax:** 608-796-3668

## PART ONE—STUDENT INFORMATION

Complete **ALL PARTS** of this form. Please **PRINT**.

**SOCIAL SECURITY NUMBER** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**NAME** First \_\_\_\_\_ Middle \_\_\_\_\_

Last \_\_\_\_\_

Maiden \_\_\_\_\_ Other \_\_\_\_\_

### PERMANENT ADDRESS

Street/RR/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

**GENDER:**  Female  Male **DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**MARITAL STATUS:**  Single  Married

### RACE AND ETHNIC BACKGROUND (answer both questions)

**Are you Hispanic or Latino/Latina?**

**No**, not Hispanic or Latino/Latina  **Yes**, Hispanic or Latino/Latina

**What is your race?**

- American Indian or Alaska Native  
 Asian (country of family's origin \_\_\_\_\_)  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

### RELIGIOUS PREFERENCE

- Baptist  
 Catholic  
 Jewish  
 Lutheran  
 Methodist  
 None  
 Other \_\_\_\_\_

## PART TWO—ENROLLMENT CHOICES

I plan to enroll:  Fall Semester  Spring Semester  Summer Semester 20\_\_\_\_\_

Please check program to which you are applying:

- Adult Nurse Practitioner Certificate (Additional admission requirements are necessary, including an interview)  
 Nurse Educator Certificate

## PART THREE—APPLICANT STATUS

Have you ever attended Viterbo University?  Yes  No

If yes, dates of attendance \_\_\_\_\_ Under which name \_\_\_\_\_

BSN degree received from which institution? \_\_\_\_\_

Date degree received \_\_\_\_\_ Was degree from AACN or NLN accredited program?  Yes  No

Master's degree received from which institution? \_\_\_\_\_

Type of master's degree received \_\_\_\_\_ Date received \_\_\_\_\_

Do you have computer skills with MSWindows?  Yes  No

Do you have computer skills with MSWord?  Yes  No

If no to either question, what is your plan to acquire basic literacy? \_\_\_\_\_

Do you hold professional certifications?  Yes  No

### CERTIFICATION

### GRANTING ORGANIZATION

_____	_____
_____	_____
_____	_____

How did you learn about the Post-Master's Certificate program at Viterbo University? \_\_\_\_\_

\_\_\_\_\_

### For Nurse Educator program

Have you had any course work related to nursing education?  Yes  No

If yes, title of course(s) and number of credits of each \_\_\_\_\_

\_\_\_\_\_

Institution and year taken \_\_\_\_\_

### For Nurse Practitioner program

Have you had pathophysiology at the graduate level?  Yes  No

If yes, title of course(s) and number of credits of each \_\_\_\_\_

\_\_\_\_\_

Institution and year taken \_\_\_\_\_

Have you had advanced health assessment at the graduate level?  Yes  No

If yes, title of course(s) and number of credits of each \_\_\_\_\_

\_\_\_\_\_

Institution and year taken \_\_\_\_\_

Have you had advanced pharmacology/pharmacotherapeutics at the graduate level?  Yes  No

If yes, title of course(s) and number of credits of each \_\_\_\_\_

\_\_\_\_\_

Institution and year taken \_\_\_\_\_

## PART FOUR—REFERENCES

Provide at least two professional references, one of which is from a person most knowledgeable about your recent academic and/or work experiences. One should be from a person who has a master's or doctoral degree in nursing if possible. If applying for Nurse Practitioner track, one reference should be from a nurse practitioner or advanced practice nurse if possible.

List names, titles, addresses, and telephone numbers of two persons who you will ask to provide references for you. Include current or recent employer. Please provide each of your references with a copy of the "Recommendation Form" and a stamped, addressed envelope. It is the responsibility of the applicant to see that references are received by the School of Nursing on or before the application deadline. See back of this form for "Recommendation Form" to copy.

Name	Title	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

## PART FIVE—SIGNATURE/DATE

I certify the accuracy of this form

\_\_\_\_\_

Applicant Signature Date

Viterbo University is committed to providing equal educational and employment opportunities regardless of sex, race, color, religion, age, national origin, or handicap in compliance with Title VI, Title IX, and Section 504.

## PART SIX—PROFESSIONAL AND LIFE EXPERIENCE

Provide a typewritten summary of items 1, 2, and 3 on one to two separate sheets of paper. A resume may be substituted only if all information is addressed.

- 1. Educational Data:** List all colleges, universities, and professional schools attended (including nursing). List the most recent institution first (include degrees received).
- 2. Employment Data:** List all places and dates of employment since completion of the initial nursing degree/diploma in reverse chronological order. If a period was not covered by employment or college attendance, please explain. Include in this section a description of professional experience in each nursing position held.
- 3. Other Professional Experiences:**
  - Honors, Certifications
  - Leadership Experiences (include involvement in professional, political, student, or community organizations)
  - Scholarly Experiences (e.g., articles published, participation in research, presentations, etc.)
  - Other Experience (e.g., any life experiences that have contributed to your role in the nursing profession such as cultural experience, family, or community involvement)

Discuss the following in a separate short paper, and limit to two typed double-spaced pages:

### Professional Goals

- Purposes for pursuing post-master's study and choosing desired track
- Particular areas of interest in your professional plans
- Goals for practice upon completion of this program
- Personal and professional qualities that will contribute to your success in this program
- Biggest challenges you face as you begin this program
- Rationale for selecting this program

# Viterbo University School of Nursing Post-Master's Program Recommendation Form

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Name)

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(Maiden Name)

is applying for admission to the Post-Master's Certificate program at Viterbo University, La Crosse, Wis., and has listed you as a reference on his/her application.

**TO THE APPLICANT:** Under the Privacy Act of 1974, students who are admitted and matriculate into a program are given the right to inspect their records, including their letter of recommendation, unless they have waived their right to review. Please check one of the options indicating your preference, and affix your signature.

- I waive my rights to access this letter of recommendation.  
 I do not waive my right to access this letter of recommendation.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

## TO THE RECOMMENDER

1. Rate the applicant on each of the following items according to the following scale: 1=Below Average, 2=Average, 3=Above Average, 4=Outstanding, X=Inadequate knowledge to rate

	(Circle One)				
	1	2	3	4	X
Intellectual ability		2	3	4	X
Motivation and initiative		2	3	4	X
Judgement		2	3	4	X
Written communication skills		2	3	4	X
Oral communication skills		2	3	4	X
Skill in interpersonal interactions		2	3	4	X
Organizational skills		2	3	4	X
Emotional maturity/adaptability		2	3	4	X
Dependability/integrity		2	3	4	X
Potential for this person to succeed in graduate study		2	3	4	X
Clinical competence		2	3	4	X

2. On the reverse side of this sheet, please summarize your evaluation of the applicant's abilities in narrative fashion if desired.

3. How long have you known the applicant? \_\_\_\_\_  
 In what capacity? \_\_\_\_\_

4. Check one:  Strongly recommend  Recommend  Hesitate to recommend  Don't recommend

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Print or Type**

Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Please return this form to:**  
 School of Nursing Graduate Program  
 Viterbo University  
 900 Viterbo Drive  
 La Crosse, WI 54601