



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

APPLICATION INSTRUCTIONS

Note: This application form 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 \$50, 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 Feb. 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?

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

Web site: www.viterbo.edu

Fax: 608-796-3668

PART ONE—STUDENT INFORMATION

Complete **ALL PARTS** of this form. Please **PRINT**. All information is necessary for your file.

SOCIAL SECURITY NUMBER (required) _____ - _____ - _____ (secured—not used for ID purposes)

LEGAL NAME First _____ Middle _____

Last _____

Maiden _____ Other _____

MAILING ADDRESS Street/RR/PO Box _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Work (_____) _____ Cell (_____) _____

Email Address _____

DATE OF BIRTH ____ / ____ / ____

GENDER Female Male **MARITAL STATUS** Single Married

CITIZEN STATUS U.S. Citizen Resident Alien Refugee/granted political asylum
 Non-resident Alien Of what country are you a citizen? _____

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? (select one or more)

- 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 the program to which you are applying:

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

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 MS Windows? Yes No

Do you have computer skills with MS Word? 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 coursework 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 programs

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. 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,

PART SIX—PROFESSIONAL AND LIFE EXPERIENCE

age, national origin, or handicap in compliance with Title VI, Title IX, and Section 504.

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:**
 - a. Honors, Certifications
 - b. Leadership Experiences (include involvement in professional, political, student, or community organizations)
 - c. Scholarly Experiences (e.g., articles published, participation in research, presentations, etc.)
 - d. 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

1. Purposes for pursuing post-master's study and choosing desired track
2. Particular areas of interest in your professional plans
3. Goals for practice upon completion of this program
4. Personal and professional qualities that will contribute to your success in this program
5. Biggest challenges you face as you begin this program
6. 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. 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)

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