

APPLICATION – Certificate Option



Social Security No. _____ Birthdate ____/____/____

Name _____
Last (family name) First Middle

List maiden and all previous name(s) _____

Address _____
Street City County State Country Zip

Cell phone (____) _____ Home phone (____) _____ Work phone (____) _____

E-mail address _____

Gender (optional) Male Female Nursing license no. _____ State _____

I am entering with the following degree(s) BSN MSN

Applying for term _____ Year _____ Full time Part time

Specialty Option (please check one specific area only.)

- Adult Gero Acute Care Nurse Practitioner
- Adult Gero Clinical Nurse Specialist
- Pediatric Nurse Practitioner (primary care)
- Primary Care Nurse Practitioner: Adult NP Family NP
- Psychiatric/Mental Health Nurse Practitioner
- Population and Organizational Systems Leadership Public Health focus Executive Management focus

My current specialty is: _____

Education (Include resume or curriculum vitae.)

Name and location of institution (include city, state and country)	Dates of attendance	Degree, diploma, etc. (BA, BS, etc.)	Clinical Major or Specialty	Mo./Yr. degree awarded

Employment (Begin with the most recent. Attach additional sheet if necessary.)

Employer (include city, state and country)	Address/Phone	Position	Dates of employment

List publications, presentations, and research. _____

List professional organizations to which you belong and indicate offices held. _____

List honors and awards received. _____

The following information is required for admission into the DNP Program. Please answer ALL questions.

1. Are you (check one): U.S. citizen U.S. Permanent resident U.S. Non-resident
2. If a **non-resident**: Your country of citizenship: _____
3. Do you have a Visa? Yes No If yes, what type of Visa? _____
4. If a permanent U.S. resident: What is your alien number? _____ Your country of citizenship? _____
5. If a permanent U.S. resident or U.S. citizen, are you a: Kentucky resident Non-Kentucky resident
6. If you indicated that you are a Kentucky resident, have you lived in Kentucky for the last 12 months? Yes No
7. Have you received financial support from anyone outside of Kentucky during the last 12 months? Yes No
8. Ethnic Background (optional)
Are you Hispanic or Latino? Yes No
(Hispanic or Latino is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
9. What is your race? (Please select one or more races.)
 Black or African American Native Hawaiian or other Pacific Islander American Indian or Alaskan Native
 Asian White Other (please specify) _____

Are you a veteran or currently serving in the U.S. Armed Forces: Yes No

Indicate your anticipated status in the U.S. Military at the time you enroll: _____

Are you a dependent of a veteran or person currently serving in the U.S. Armed Forces who is using VA educational benefits? Yes No

Goal Statement (for all applicants): In one to three double-spaced pages, discuss your reasons for seeking doctoral study, including your short- and long-term professional goals. Discuss a system or population you are interested in working with and identify/discuss a system or health problem in that population that you wish to study as a final/practice inquiry.

Where did you hear about our programs? _____

Signature required

I certify that the information given in this application is complete and accurate and I understand that the University reserves the right to deny admission or revoke any admission granted if the information provided herein proves untruthful. I also understand that the submission of fraudulent academic records by me for graduate admission, transfer of credit, or any other purpose shall be cause for my dismissal from the Graduate School. If admitted, I agree to comply with the regulations of the University.

The University of Kentucky is committed to a policy of providing educational opportunities to all academically qualified students regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, marital status, age, veteran status, or physical or mental disability.

Signature _____ Date _____