

Enter Name: \_\_\_\_\_

Check OR Money Order #: \_\_\_\_\_

**University of South Alabama  
College of Nursing  
Doctor of Nursing Practice**

**Fall 2012**



***Supplemental Application Packet***

*Application Instructions are located on the [DNP Admissions Page](#)*

**Mailing Addresses for your Supplemental Application Packet:**

**US Postal Delivery:**

USA College of Nursing  
DNP Program  
5721 USA Drive N. Room 3074  
Mobile AL 36688-0002

**FedEx and UPS Delivery:**

USA College of Nursing  
HAHN 3074  
5721 USA Drive N.  
Mobile, AL 36688-0002

Phone: (251) 445-9412

Fax: (251) 445-9416

Email: [condnp@usouthal.edu](mailto:condnp@usouthal.edu)

**Section 1 – Identification Information**

**NursingCAS Id:** \_\_\_\_\_

If you have not yet visited the NursingCAS website, please do so: [NursingCAS Application Portal](#)

Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Other \_\_\_\_\_ \*Social Security # \_\_\_\_\_ State of Legal Residence: \_\_\_\_\_

**Legal Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

**Preferred First Name:** \_\_\_\_\_ **Name Suffix:** (Sr, Jr, III, etc.) \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Citizenship:** \_\_\_ U.S. Citizen \_\_\_ International \_\_\_ Permanent Resident/Resident Alien

Non-citizens *must* apply to the [Office of International Services](#)

**Primary Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Check One: \_\_\_ Home \_\_\_ Cell \_\_\_ Work

**Secondary Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Check One: \_\_\_ Home \_\_\_ Cell \_\_\_ Work

**\*\*Email Address:** \_\_\_\_\_

**\*\*Re-enter Email Address:** \_\_\_\_\_

\*\*Your email address will be the primary form of communication throughout the application process. You will be sent a confirmation email after your application packet has been received by the College of Nursing. Please monitor this email address on a regular basis throughout the application process for important updates regarding your application.

**Have you ever attended courses at USA?** \_\_\_ Yes \_\_\_ No **If yes, what was your student number?** J00\_\_\_\_\_

**Have you ever graduated from USA?** \_\_\_ Yes \_\_\_ No

**If yes, have you attended any colleges or universities since you last enrolled at USA?** \_\_\_ Yes \_\_\_ No

**Did any of your family members graduate from USA?** \_\_\_ Yes \_\_\_ No **Relationship(s):** \_\_\_\_\_

\* Your Social Security Number is optional as an applicant to the University of South Alabama and is used for identification purposes to match and process your application with supporting documents, however your Social Security Number is required when you apply for financial aid.

**Section 2 – Proposed Specialization**

**1. Please check every nursing degree that you have successfully completed:**

\_\_\_ BSN \_\_\_ MSN \_\_\_ Post Graduate Nursing Certificate \_\_\_ DNP \_\_\_ PhD

**2. If you are currently enrolled in a nursing program, please check that program:**

\_\_\_ BSN \_\_\_ MSN \_\_\_ Post Graduate Nursing Certificate \_\_\_ DNP \_\_\_ PhD

**3. If you have completed an MSN and/or Post Graduate Nursing Certificate or you are currently enrolled in either program, please select the specialization of each degree from the following lists - beginning with the most recent:**

- \* \_\_\_\_\_ Are you currently certified? \_\_\_ Yes \_\_\_ No
- \* \_\_\_\_\_ Are you currently certified? \_\_\_ Yes \_\_\_ No
- \* \_\_\_\_\_ Are you currently certified? \_\_\_ Yes \_\_\_ No

4. I am applying for admission to the following DNP program concentration (students may select only ONE concentration and it must be the same concentration selected on your NursingCAS Primary Application):

\* \_\_\_\_\_

### **Section 3 – Professional Information**

If you are a licensed RN, include license number and expiration date for each state.

State: \_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_ I am currently enrolled in or have recently graduated from a BSN program. Therefore, I am not yet a registered nurse.

### **Section 4 – Personal Statement**

The Personal Statement will act as the writing sample for your application. This writing assignment will be graded by senior DNP faculty. Your writing sample must be a minimum of 350 words. Your Personal Statement must be *typed* and *attached* to this Supplemental Application. Please answer the following question:

**\*\*Discuss your educational and professional goals, short term and long term, and address how earning the Doctor of Nursing Practice (DNP) will help you reach these goals.\*\***

### **Section 5 –Curriculum Vitae/Resume**

Please attach a typed curriculum vitae (CV) or resume to this Supplemental Application to denote all RN experience, employment history, certifications, publications, etc... . Please be as thorough as possible, as this information will be reviewed intensely by the Admissions and Progressions Committee.

### **Section 6 - Application Checklist**

1. Please check the boxes below that pertain to your application packet:

- \_\_\_ My NursingCAS Identification number is at the top of Page 1 of this application packet.
- \_\_\_ I am actively working to complete my application with NursingCAS, or I have already completed it.
- \_\_\_ I have ordered official copies of transcripts from each post-secondary (post high school) institution that I have ever attended and had them sent to NursingCAS.
- \_\_\_ If I am an International Applicant, I have first contacted the Office of International Services to ensure that I am eligible to apply, and I have sent my TOEFL scores to the [Office of International Services](#).
- \_\_\_ My Name and Check or Money Order is entered in the upper right hand corner of the Title Page.

2. Please initial each of the following *after* you have printed the application:

\_\_\_\_\_ I have included an \$85.00 ***non-refundable*** application fee (check or money order made payable to: USA College of Nursing) and I understand that there is a \$20 fee on all returned checks.

\_\_\_\_\_ I did not staple my application packet; I used a paperclip.

\_\_\_\_\_ I have included my completed Supplemental Application, Personal Statement, CV/Resume and \$85 ***non-refundable*** application fee in one envelope in preparation to mail to the DNP Office at the University of South Alabama College of Nursing.

\_\_\_\_\_ I have completed all 7 Sections, signed (in ink) Section 7, and dated this Application Packet.

### **Section 7 - Statements of Release and Certification**

I authorize the release of information contained in this application to be used for the purpose of considering me for scholarship funds and so that aggregate data concerning the USA College of Nursing may be compiled.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

I certify that the information provided is true and complete; I understand that withholding information requested, with the exception of information designated as optional, or giving false information may make me ineligible for admission and enrollment. I also certify that, if I am a male born on or after January 1, 1960, I comply with the provisions of the United States Military Selective Service Board (this certification is required by State of Alabama Legislature Act 91-584).

If accepted into the DNP program for the Fall 2012 semester, I will attend the ***mandatory*** on-campus orientation that begins Monday August 27, 2012 and ends Wednesday August 29, 2012. I understand that failure to attend the mandatory on-campus orientation will result in my administrative withdrawal from my Fall 2012 classes and possible withdrawal from the DNP program entirely.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

***The University of South Alabama provides equal educational opportunities to and is open and accessible to all qualified students without regard to race, color, creed, national origin, sex, or qualified handicap/disability, with respect to all its programs and activities.***