

UNIVERSITY OF SOUTH ALABAMA

COLLEGE OF NURSING

APPLICANT DATA FORM

MASTER OF SCIENCE IN NURSING PROGRAM

INSTRUCTIONS: Fill out completely and return to: Director of Graduate Studies, University of South Alabama, College of Nursing, USA Springhill Avenue, Mobile, AL 36688-0002. Attach a current Resume!.

1. NAME: _____ DATE: _____
(Last) (First) (Middle)

SOCIAL SECURITY # _____ USA STUDENT # or J# _____

ADDRESS: _____
(Street) (City) (State) (Zip Code)

TELEPHONE NUMBER: HOME (____) _____ - _____ WORK: (____) _____ - _____

E-MAIL ADDRESS: _____

2. NAME OF INSTITUTION WHERE UNDERGRADUATE DEGREE WAS EARNED: _____
_____ Degree earned _____ Date Completed _____

Name of Nursing School (if different from above) _____

3. REGISTERED NURSE LICENSURE: STATE _____ EXPIRATION DATE _____

4. EMPLOYER: _____

Address: _____

Your title: _____

5. ARE YOU CURRENTLY EMPLOYED IN ANY OF THE FOLLOWING SETTINGS? (Please check all that apply)

- Community Health Center
- Public Housing Primary Care
- Rural Health Clinics
- Federally Qualified Health Ctrs.
- State or Local Health Depts.
- Primary Care/Family Practice Physician=s Office
- Migrant Health Center
- Homeless Health Care
- Nat=1. Health Service Corps Sites, freestanding
- Indian Health Service
- Ambulatory Practice Sites
- None of the above

6. PROFESSIONAL NURSING EXPERIENCE – NP tracks require 2 years experience.

Years experience as RN: _____

7. TERM AND YEAR YOU PLAN TO ENTER THE GRADUATE PROGRAM: _____

WILL YOU BE _____ FULL-TIME _____ PART-TIME (Term) (Year)

8. HEALTH DATA FORM: DATE COMPLETED: _____

PROPOSED MAJOR:

- ADULT ACUTE CARE NP
- CHILD HEALTH NP
- EMERGENCY NP
- FAMILY HEALTH NP
- GERO-PSYCH NP
- NEONATAL NP
- PSYCHIATRIC/MENTAL HEALTH NP
- WOMEN=S HEALTH NP
- EXECUTIVE ADMINISTRATION
- PUBLIC HEALTH NURSING ADMINISTRATION
- CLINICAL NURSE LEADER
- CLINICAL NURSE SPECIALIST (Choose CNS specialty)
 - ADULT CNS
 - COMMUNITY/MENTAL CNS
 - MATERNAL/CHILD CNS
- NURSING EDUCATION (Choose CNS specialty)
 - ADULT CNS
 - COMMUNITY/MENTAL CNS
 - MATERNAL/CHILD CNS

9. \$50.00 non-refundable College of Nursing fee Check _____ Money Order _____