

Application for the Doctor of Nursing Practice (DNP)



www.sjfc.edu/academics/nursing

Application Overview

Thank you for your interest in the Doctor of Nursing Practice (DNP) Program at St. John Fisher College.

The Doctor of Nursing Practice (DNP) Program at St. John Fisher College is designed with two possible admission points:

- Post-Master's Degree admission is designed for the Advanced Practice Nurse (nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, or nurse midwife) who wishes to obtain a DNP degree.
- Post-Baccalaureate Degree admission is designed for the baccalaureate-prepared nurse who wishes to pursue advanced practice preparation and a DNP degree.

In addition, for nurses with a Master's Degree in Nursing in another field or another type of Master's Degree, an individual program plan will be developed in order to obtain advanced practice preparation and the DNP.

Candidates are required to provide evidence of their potential to meet the demands of a rigorous doctoral-level program.

Please submit the following items to the Office of Graduate Admissions:

Please Note: There is no application fee for the Doctor of Nursing Practice Program.

- Official transcripts:** Request **official transcripts** from the Registrar's Office of each college and/or university that you have attended. Ask the college/university to send the transcript directly to St. John Fisher College, Office of Graduate Admissions. Fisher alumni do not have to provide a copy of their Fisher transcripts.
- The **application form**.
- Two **letters of recommendation** from a doctorally prepared academician or a master's prepared health care provider, a supervisor in an employment setting, and/or a practicing advanced practice nurse familiar with the applicant's intellectual ability, academic achievement, clinical expertise, and professional commitment.

- A concise **essay** of no more than two typed pages outlining your reasons for applying to the DNP Program, and your short- and long-term professional goals after you finish the DNP Program. Please provide a summary (maximum of 250 words) describing the practice problem you would like to study and your initial ideas about addressing it.
- A current **résumé** of no more than five (5) pages.
- One **professional writing sample** of no more than five pages (i.e., position papers, program change proposals, analysis of problems, excerpt from capstone, and/or letters).
- Copies of all **professional licenses and certifications**.

Applicants who meet the requirements will be required to participate in a formal interview process and provide an on-demand writing sample on the day of the interview.

If you are applying for federal financial aid, you may do so online at: www.fafsa.ed.gov. Information is available at: www.sjfc.edu/financialaid. The FAFSA code for St. John Fisher College is 002821. Our **Financial Aid Office** will be happy to answer your questions and can be reached at **(585) 385-8042**.

**Application Deadline: August 1st (Fall Semester)
December 1st (Spring Semester)**



Office of Graduate Admissions
3690 East Avenue, Rochester, New York 14618
(585) 385-8161 (phone)
(585) 385-8344 (fax)
E-mail: grad@sjfc.edu
www.sjfc.edu

Application for DNP Admission

Personal Data *(Please print or type)*

Social Security Number _____ Mr. Mrs. Miss Ms. _____
(Optional, but important for financial aid purposes) Preferred First Name

Name of Student _____
Last First Middle Previous Name(s)

Mailing Address _____
Number and Street Apt #

_____ City State Zip County

Home phone (_____) _____ Work phone (_____) _____

Cell phone (_____) _____ E-mail address _____

Gender: Male Female Date of Birth: _____
Month/Day/Year

Citizenship Status

Are you a U.S. citizen? Yes No

If no, country of citizenship _____

If no, are you a permanent resident? Yes No

International applicants should refer to <http://www.sjfc.edu/admissions/graduate/apply/international-applicants.dot> or contact the Office of Graduate Admissions for additional requirements.

Ethnic Status

Do you consider yourself to be Hispanic/Latino? Yes No

In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Veteran Status

Have you or an immediate family member served in the military? Yes No

If yes, will you be receiving military benefits? Yes No

APPLICANT STATUS

Program applying for:

- Post-Master's Degree
- Post-Baccalaureate Degree

Semester applying for: _____

(The Doctor of Nursing Practice is a full-time doctoral program. Students will normally be enrolled in 9-12 credits per semester. Part-time students will be considered.)

Academic Data

Official copies of ALL undergraduate and graduate transcripts are required.

	NAME OF SCHOOL	ENTERED	LEFT	DEGREE/DIPLOMA
Undergraduate College or University				

	NAME OF SCHOOL	ENTERED	LEFT	DEGREE/DIPLOMA
Graduate College or University				

Student Statement

Please read carefully and sign below. This section must be completed in order for the application to be processed.

Have you ever been charged with a crime (felony or misdemeanor) in any state or country, the disposition of which was other than acquittal or dismissal? Yes No

Have you ever been dismissed from an institution of higher learning for academic or disciplinary reasons? Yes No
 Academic Reason Disciplinary Reason

Are you now, or have you ever been, under the supervision of the criminal justice system (parole, probation, etc.) in any state or country? Yes No

I certify that the information on this form is both complete and accurate. I understand that falsifying any part of this application may result in my being refused admission or being required to withdraw from the College.

Signed

Date

How would you describe your interest in St. John Fisher College? My first choice One of my top 3 choices Among many choices

How did you find out about this program? Please be as specific as possible.

- | | |
|--|---|
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Fisher Website |
| <input type="checkbox"/> Current Student | <input type="checkbox"/> HR Department |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> College Advisor/Faculty |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Previously Attended Fisher |
| <input type="checkbox"/> Graduate Fair | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Information Night | |

St. John Fisher College Degree Holders Only: Release for Official Transcript

My signature below provides authorization for the Office of Graduate Admissions to request an official copy of my St. John Fisher College record (transcript) from the Registrar's Office. This is to complete my application to one of St. John Fisher College's graduate programs. Since I am an alumnus/alumna of St. John Fisher College, I understand that there will be no charge for this record transfer.

Requests for transcripts of academic work completed at other colleges must be directed to those respective Registrar's Offices.

Name: _____

St. John Fisher College admits students of any gender, race, color, age, disability, sexual orientation, and national or ethnic origin.

In accordance with the Crime Awareness and Campus Security Act of 1990 and the Clery Law, St. John Fisher College has information available for prospective students and employees on crime prevention and statistics, policies on sexual misconduct, and policies on drug/alcohol use and possession. For more information, contact the Safety and Security Department at **(585) 385-8025** or the Office of Marketing and Communications at **(585) 385-8070**.



RECOMMENDATION FORM

TO THE APPLICANT:

Complete the section below and provide your recommendation writer with a stamped, self-addressed envelope.

Applicant Name LAST FIRST MIDDLE

In accordance with federal regulations, materials in student files, such as recommendation forms, are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review this form is considered waived if you do not check a response.

I (check one) [] DO [] DO NOT waive access to this recommendation.

Applicant's Signature Date

Applicant's Address STREET

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

TO THE RECOMMENDATION WRITER:

This form should be returned in the envelope provided by the applicant; please seal it and sign across the seal. The applicant will forward the recommendation unopened to the Office of Graduate Admissions with his/her other application materials. We are aware of the time and care necessary to prepare this evaluation and gratefully acknowledge your assistance.

Name of individual completing this form

Signature Date

Position/Title Organization/Institution

Address STREET

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Daytime Telephone Fax

Email

Please rate the applicant using the following scales:

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO OPPORTUNITY TO OBSERVE
Motivation					
Leadership Capabilities					
Resourcefulness					
Judgment and Professional Maturity					
Ability to Collaborate					
Breadth of General Knowledge					
Intellectual Capacities					
Quality of Oral Expressions					
Analytical Ability					
Quantitative Ability					
Expertise in Practice Specialty					

What is your overall recommendation?

Strongly recommend Recommend Recommend with reservation Do not recommend

ADDITIONAL QUESTIONS

Please address the following questions.

1. How long have you known the applicant and under what circumstances?

2. What do you consider the applicant's most outstanding talents or characteristics?

3. What are the applicant's chief liabilities or weaknesses?

4. The admissions committee would appreciate any additional statement you may wish to make concerning the applicant's aptitude for advanced study or his/her potential for becoming a successful manager and leader, if appropriate.



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Breadth of General Knowledge					
Intellectual Capacities					
Quality of Oral Expressions					
Analytical Ability					
Quantitative Ability					
Expertise in Practice Specialty					

What is your overall recommendation?

Strongly recommend Recommend Recommend with reservation Do not recommend

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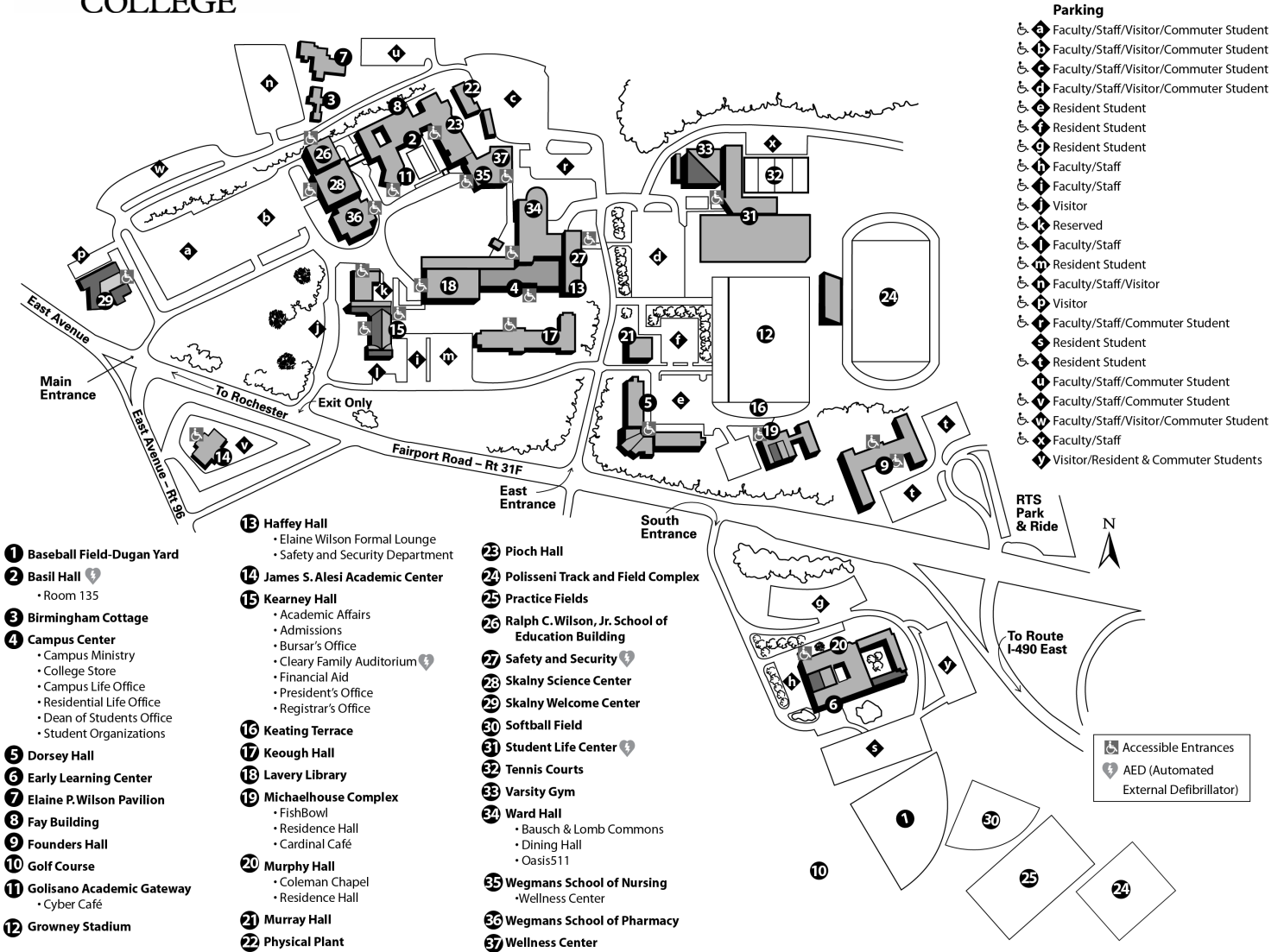
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Directions to Campus

From the East

Take Route 90 (NYS Thruway) to Exit 45. Take Interstate 490 West to Exit 25. Turn left onto Fairport Road (31F). Proceed West to the main entrance of St. John Fisher College.

From the West

Take Route 90 (NYS Thruway) to Exit 47, marked LeRoy. Take Interstate 490 East, marked Rochester, for approximately 25 miles to Exit 25. Turn left onto Fairport Road (31F). Proceed west to the main entrance of St. John Fisher College.

From the South

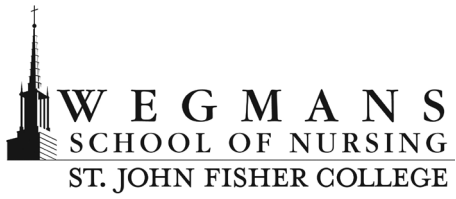
Take Route 17 to Interstate 390 North, to Interstate 590 North, to Interstate 490 East, to Exit 25. Turn left onto Fairport Road (31F). Proceed west to the main entrance of St. John Fisher College.

By Bus

Take RTS (Regional Transit Service) Bus #17 to Keough Hall at St. John Fisher College or RTS Bus #21 to the Park & Ride at Interstate 490 and Route 31F. For a copy of the bus schedule, log onto www.rgrta.org.

Main Entrance

The main entrance of the College is one-half mile from Interstate 490, at the traffic light where 31F (Fairport Road) meets Route 96 (East Avenue).



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