

DEADLINE: Post-MSN program = November 1st – March 1st (rolling admissions)

(Applications and materials postmarked after March 1st will not be considered; you are encouraged to meet the Nov 1 deadline.)

NOTE: It is your responsibility to ensure that all application materials arrive at YSN in a timely fashion. The YSN Office of Admissions is not responsible for lost or misdirected materials. Incomplete application files will not be considered for the upcoming academic cycle. Please ensure that you use the correct mailing address (P.O. Box 9740) or overnight delivery address (100 Church Street South).

Please complete and submit the following:

- Application form
- Non-refundable application fee of \$65.00 (checks payable to Yale School of Nursing)
- Résumé/curriculum vitae
- Admissions essay (see attached instructions)
- One official transcript from your Master's of Science in Nursing program.
 - Transcripts of degrees completed at non-U.S. universities must be evaluated by a credentialing agency such as World Education Services (www.wes.org) or Educational Credential Evaluators (www.ece.org).
 - Non-English transcripts must be accompanied by an official English translation.
- Official TOEFL or IELTS score report. If your native language is not English and you did not complete a bachelor's or master's degree in the U.S. you must submit an official score report from the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS).
 - Arrangements to take the TOEFL can be made at <http://www.toefl.org>
 - Arrangements to take the IELTS can be made at <http://www.ielts.org>
- Three letters of recommendation with the YSN recommendation form. (Extra references are discouraged.)

An instructional form (print double-sided if possible) should be given to each person preparing a letter. Please seek references from individuals who are or have been in a position to objectively evaluate academic or work performance. Applicants are advised to seek at least one reference from an employer, preferably the present employer, speaking particularly to the quality of clinical work.

NOTE: DO NOT SUBMIT ADDITIONAL MATERIALS SUCH AS BOOKS, CDs, PHOTOS, ARTICLES, LETTERS, AWARDS, RESEARCH PAPERS, ETC UNLESS SPECIFICALLY REQUESTED BY YSN STAFF.

Please direct all inquiries to:

Yale University School of Nursing, Office of Admissions,

P.O. Box 9740, New Haven, CT 06536-0740

Tel: 203.737.1793, yale.nurse@yale.edu, <http://nursing.yale.edu>

Admissions Essay

Please address the following items in one comprehensive essay, discussed in the order listed, limiting your entire essay to two pages (single-spaced) using a font size that is easily read, 11-12 characters per inch. This essay is evaluated on the basis of composition, clarity of thought, ability to follow instructions, and responses to the following questions. Please answer each question thoroughly; do not skip any question or portion of a question.

1. Discuss the development of your interest in the Post Master's Certificate option; how your background and experience relate to this; the basis for your choice of specialty area; the types of knowledge and skills you are interested in developing through this option and the way you will use these in pursuing your career interests.
 2. Provide a balanced assessment of your personal characteristics, including strengths and areas that you would like to improve, as they influence your individual and group interactions with particular emphasis on your interpersonal style, leadership, and membership qualities; and those characteristics which influence the way others view you.
 3. Comment upon any circumstances that might affect your activities as a student.
 4. Provide information concerning significant activities or accomplishments, unusual aspects of your preparation, hobbies and interests which might be indicative of your potential ongoing contributions to the nursing profession.
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FIRST (GIVEN) NAME	MIDDLE NAME	LAST (FAMILY/SURNAME) NAME	SUFFIX	OTHER LAST NAME/MAIDEN NAME
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CONTACT INFORMATION (Applicant is responsible for notifying the Office of Admissions of any change in contact information.)
 Email: _____ Telephone: _____ Cell Phone: _____

<p>Present Mailing Address</p> <p>Street 1 _____ Street 2 _____ City _____ State _____ Postal/Zip Code _____ Nation _____</p>	<p>Permanent Mailing Address</p> <p>Street 1 _____ Street 2 _____ City _____ State _____ Postal/Zip Code _____ Nation _____</p>
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Will you be at the present mailing address in December & February? Yes No

CITIZENSHIP: United States of America U.S. Permanent Resident Canada Non-U.S. Citizen

REQUIRED: NON-U.S. CITIZENS & U.S. PERMANENT RESIDENTS ONLY

Country of Citizenship	Country of Birth	City of Birth
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PERSONAL INFORMATION (optional): Female Male Date of Birth _____ SSN: _____
(mm/dd/yyyy)

OPTIONAL: U.S. CITIZENS & U.S. PERMANENT RESIDENTS ONLY

Are you Hispanic or Latino? YES NO

Regardless of your answer to the prior question, please check one or more of the following groups to which you consider yourself a member:

Asian/South Asian Black/African-American
 Native American/Alaskan (Tribe _____) Native Hawaiian or other Pacific Islander
 White/Caucasian

Check if reapplying. Year of previous application _____

SPECIALTY AREA: check ONE clinical specialty only

<input type="checkbox"/> Acute Care Nurse Practitioner <input type="checkbox"/> Oncology Nurse Practitioner Psychiatric-Mental Health Nurse Practitioner (must choose one) <input type="checkbox"/> Adult concentration <input type="checkbox"/> Family concentration	Program length: <input type="checkbox"/> Fulltime <input type="checkbox"/> Parttime <input type="checkbox"/> Adult Nurse Practitioner <input type="checkbox"/> Gerontological Nurse Practitioner <input type="checkbox"/> Pediatric Nurse Practitioner
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PRIOR STUDY: List all colleges and universities attended starting with the graduate/master's degree FIRST.

Graduate Degree - University Name	City/State/Nation	Degree	Major	Date Awarded <small>MM/YY</small>

Undergraduate Degree - University Name	City/State/Nation	Degree	Major	Date Awarded <small>MM/YY</small>

Other School/Degree - University Name	City/State/Nation	Degree	Major	Date Awarded <small>MM/YY</small>

LETTERS OF REFERENCE

1. Academic Professional Mailing Address
NAME: _____
TITLE: _____
EMAIL: _____

2. Academic Professional Mailing Address
NAME: _____
TITLE: _____
EMAIL: _____

3. Academic Professional Mailing Address
NAME: _____
TITLE: _____
EMAIL: _____

BACKGROUND INFORMATION: (Explain any/all YES answers on a separate sheet.)

- 1) Have you ever incurred serious ethical or professional disciplinary action? No Yes: Explain the nature of the action.
- 2) Have you ever been disciplined or placed under academic sanction (ex: expulsion, suspension, probation or formal reprimand) by any college or university you have attended, or are there disciplinary charges pending against you presently? No Yes:
Explain the nature of the charge, the date on which the incident occurred, any sanctions that were imposed, or the status of current charges.
- 3) Have you ever been convicted of, or pleaded guilty or no contest to, a felony or misdemeanor; are there any criminal charges pending against you at the present time? No Yes:
Explain the nature & date of the crime, any sentence received, other resolution of the matter, or the current status & date of pending charge.
- 4) Are there any periods longer than 4 months during which you were neither enrolled in school nor gainfully employed? No Yes:
Explain the nature of the gap in employment and/or academic history.

NOTE: For clinical placement purposes, all incoming/new students will be required to complete a background check before enrolling in the fall. Detailed information will be sent over the summer before the start of classes.

Please list active professional licensure.

State _____ Registration Number _____
State _____ Registration Number _____

CERTIFICATION

I certify that the information presented in my application and supporting materials is complete, accurate, and authentic to the best of my knowledge. I understand that furnishing false or misleading information, or omitting any material information, will be cause for rescission of an offer of admission, cancellation of registration, dismissal, or revocation of degree. I also understand that my application and supporting materials are the property of the Yale University School of Nursing and cannot be photocopied, returned, or forwarded to non-Yale parties.

Signature: _____ Date: _____

Yale University affirmatively seeks to attract to its faculty, staff, and student body qualified persons of diverse backgrounds and, pursuant to this policy, no qualified applicant for admission as a student or for employment is discriminated against because of race, sex, color, religion, national or ethnic origin, disability, veteran's status, sexual orientation, or gender identity. Inquiries concerning this policy may be referred to the Associate Provost of the University.

Part III continued – Peer Comparison

Please rate how the applicant compares to his/her peers in the following areas.

	Truly Exceptional (Top 5%)	Outstanding (Top 10%)	Good (Top 25%)	Average (Top 50%)	Unable to Judge
Intellectual capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managerial potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethics & integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression (English)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression (English)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV: Recommendation Letter Guidelines

Post-Master's Certificate program: The curriculum offers the student the opportunity to develop the theoretical and clinical basis for advanced practice nursing in the above listed specialty area.

Please write an assessment of the applicant that reflects his/her personal qualities, achievements, and potential for accomplishing the above goal of the Post-Master's program.

The following information would be helpful to include. Please include examples whenever possible.

- Unique qualities of the applicant
- Emotional stability
- Behavioral characteristics
- Strengths and weaknesses of the individual
- Interpersonal skills
- Potential for achievement
- Ability to make clinical judgments (if applicable)
- Interaction with patients (if applicable)

Signature: _____

Date: _____

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Description of Clinical Placement For Adult and Gerontological Nurse Practitioner applicants only

Name of Practice: _____

Name of Preceptor: _____

Email of Preceptor: _____

Telephone: _____

Address of Practice: _____

If an institutional site, accreditation and licensure status:

Brief description of practice: size/volume, types of patient problems seen (diagnoses, age, whatever is relevant), hours of operation.

I, _____, agree to provide individual supervision for
_____ in the practice described above. This supervision will be 12 hours/week from
January through May (first year –ANP, GNP and ONP) and 12 hours/week September through May (second year – ANP only). I agree to
follow the course materials which will be supplied and to participate in evaluation of the student. In exchange for this service, I agree to
accept appointment to the Courtesy Faculty of the Yale University School of Nursing, and am attaching a copy of my curriculum vitae.

Signature of Preceptor

Date