

Yale School of Nursing

Diabetes Concentration Application

The diabetes concentration consists of a series of courses (one didactic and two clinical) that focus on advanced preparation in the sub-specialty of diabetes care across the life span. Course work is taken during the final year in the specialty. This concentration is open to the following specialties: Adult/Gerontology Primary Care Nurse Practitioner, Adult/Gerontology Acute Care Nurse Practitioner, Pediatric Primary Care Nurse Practitioner, Pediatric Acute Care Nurse Practitioner, Family Nurse Practitioner, Women's Health Nurse Practitioner and Midwifery.

Please note that adding a concentration incurs an additional fee; please visit the [tuition and fee website](#) for more information.

You will need to submit this application (signed by your advisor), an essay, and your unofficial transcript to the concentration coordinator, Elizabeth Doyle (Elizabeth.doyle@yale.edu) by 11:59 pm on **March 28, 2024**.

First Name: _____

Last Name: _____

SID Number: _____

Specialty: _____

Expected Graduation Year: _____

Diabetes Concentration Required Courses (completed during second specialty year only)

Fall Term | NURS 6100 - Advanced Concepts and Principals of Diabetes Care (2 hours/week)

Fall Term | NURS 6110 - Clinical Practice in Diabetes Care Management (60 hours clinical, plus 15 hours clinical conference across semester)

Spring Term | NURS 6111 - Clinical Practice in Diabetes Care Management (60 hours clinical, plus 15 hours clinical conference across semester)

Essay Question:

Directions: Submit the essay as a separate word document or PDF with this application and your unofficial transcript by the deadline above.

Address the following in one comprehensive essay, that is not more than 500 words. All three points must be addressed.

- a) goals, objectives and rationale for wanting to participate in the diabetes concentration
- b) concrete plans for balancing the added coursework and clinical work
- c) populations of interest for clinical experiences (you will be placed in a population appropriate for your specialty)

Advisor Approval:

Advisor Name: _____

Advisor Comments (optional):

By signing here, as advisor you agree that this student can pursue this concentration:

Signature and Date: _____

Concentration Coordinator Approval:

Student has been accepted in concentration: _____

Student has not been accepted in concentration: _____