



University of
Southern Indiana

Doctor of Nursing Practice

8600 University Boulevard
Evansville, Indiana 47712

812/465-1708 or Toll Free 877/874-4584
<http://health.usi.edu>

College of Nursing and Health Professions

Doctor of Nursing Practice Admission Application

Check the doctoral specialty you intend to study: Advanced Practice Organizational and Systems Leadership
Preferred time frame to completion: 2-year 3-year

Name _____
Last First Middle Maiden Name

Current Address _____

City _____ State _____ Zip Code _____

Current Phone Number (_____) _____ - _____ Email _____

Permanent Address if different from above _____

City _____ State _____ Zip Code _____

Social Security Number _____ - _____ - _____

(Mandatory disclosure of Social Security Number is required due to the Zachary Law and Registered Nurse Licensure application requirements.)

Post Secondary Education

Dates		Name of Institution	City and State	Major	Credential Earned (Diploma, Certificate, Degree, Credit Hours)	GPA
From	To					

Applicants must submit to the Office of Graduate Studies:

- Completed Office of Graduate Studies admission application
 - Official Transcripts from all colleges and/or universities attended
- Note: To be official, transcripts must be sent directly from the registrar of the institution.*

Materials should be sent to:

Office of Graduate Studies
University of Southern Indiana
8600 University Boulevard, WA 104
Evansville, Indiana 47712
812/465-7015 www.usi.edu/gradstud

References: List three references, two from nursing practice, one from nursing education. Ask the references to complete the Professional Reference Form. Provide them with a form and a stamped envelope addressed to:

Doctor of Nursing Practice Program, c/o Student Advising Center
University of Southern Indiana
8600 University Boulevard, HP 2060
Evansville, Indiana 47712

Name/Title	Address	Phone

Have you been convicted of a felony? No Yes

(Information necessary for license application.)

Have you been convicted of a misdemeanor? No Yes

(Information necessary for license application.)

Have you been convicted of a sex offense against children? No Yes

(Requirements of Indiana Public Law 11-1994.)

Has any action been taken or is there action being considered by an agency of government against your RN license?

No Yes *(If yes, attach a letter to explain.)*

Have you entered into or are you currently discussing an agreement with any agency of government concerning your license?

No Yes *(If yes, attach a letter to explain.)*

Have any restrictions been imposed by an agency of government on your ability to practice the nursing profession or are such restrictions currently being considered? No Yes *(If yes, attach a letter to explain.)*

Submit the following documents along with application to cnhpadmissions@usi.edu.

- **Statement of Professional Goals:** In a one- to two-page typewritten paper, describe your professional goals and how the DNP will assist you in attaining these goals.
- **Capstone Project Plan:** Describe a practice-related issue that will serve as the focus of your capstone project. Include the significance and impact of the project to nursing and healthcare, along with the name of your capstone project mentor.
- **Resume:** Include professional employment, involvement in community and professional organizations, scholarly endeavors (presentations, publications, grants, awards, certifications, etc.), workshops, and continuing education programs attended during the past three years.
- **License:** Submit a copy of your current nursing license(s), front and back.

Emergency: List the person to be notified in the event of an emergency:

Name _____ Relationship _____

Address _____ Telephone _____

By signing below I am verifying that all the above information is true and accurate to the best of my knowledge. I also authorize the DNP Program Admission Committee to review and verify my application and academic records.

Printed Name _____ Date _____

Signature _____

Return this application to:

USI Nursing Program c/o Student Advising Center

University of Southern Indiana
8600 University Boulevard, HP 2060
Evansville, Indiana 47712

All application materials must be received by the USI Nursing Program before an admission decision can be made.

Application Deadline: January 15

It is the policy of the University of Southern Indiana and the College of Nursing and Health Professions to be in full compliance with all federal and state non-discrimination and Equal Opportunity laws, orders and regulations relating to race, sex, religion, handicap, age, national origin, sexual orientation, or status as a disabled veteran or veteran of the Vietnam era. Questions or concerns should be directed to the Affirmative Action Officer, USI Human Resources Department, University of Southern Indiana, 8600 University Boulevard, Evansville, IN 47712.