



# **DOCTOR OF NURSING PRACTICE PROGRAM**

Graduate Application and  
Admission Information **2017**

College of  
Health  
Professions

**PACE**  
UNIVERSITY

Work toward greatness.

## APPLICATION INSTRUCTIONS FOR THE FALL 2017 COHORT GROUP

Please complete and mail your application to the Office of Graduate Admission. Be sure to sign the last page of the application and all additional papers. For more information, please contact [nursing@pace.edu](mailto:nursing@pace.edu) or call (914) 773-3552. To check the status of your application visit [applicantportal.pace.edu](http://applicantportal.pace.edu)

Pace University  
Graduate Admission Office, W110  
Graduate Application Processing Center  
One Pace Plaza  
New York, NY 10038  
(212) 346-1531  
[graduateadmission@pace.edu](mailto:graduateadmission@pace.edu)

Please submit the following:

|                           |   |
|---------------------------|---|
| APPLICATION               | Applications may be printed or typed and must be accompanied by the nonrefundable application fee in the form of a check or money order in US dollars payable to Pace University.   |
| APPLICATION FEE           |   |
| RESUME                    | Please submit a resume that outlines your work history and professional experience.   |
| PERSONAL STATEMENT        | Send a two-page typewritten essay displaying your exceptional conceptual skills to the members of the DNP Admissions Committee. The essay should discuss your motivation for pursuing the Doctor of Nursing Practice (DNP) degree and how you foresee the DNP role enhancing your practice. Essays should: <ul style="list-style-type: none"> <li>• Be submitted in Arial or Times New Roman, 12-point font size, double-spaced, with one-inch margins.</li> <li>• Include the applicant's name and the title for his/her statement.</li> </ul> Additional information regarding your academic performance or professional experience may also be included as a supplement.   |
| LETTERS OF RECOMMENDATION | Submit two letters of recommendation that describe your (advanced) clinical practice, potential for achievement in graduate study, and potential for professional achievement. The letters of recommendation should address your intellectual ability, how well you work with others, written and communication skills, maturity, initiative/independence, and creativity/originality.  |
| OFFICIAL TRANSCRIPTS      | Please arrange for an official transcript from each academic institution you have attended to be sent directly to the Office of Graduate Admission. Transcripts are considered official if they are sent directly from the academic institution(s) to Pace University, or if you submit them unopened and in the institution's original sealed envelope. <p>Students must complete the FNP-DNP or AACNP-DNP program with a total of 1,000 supervised practice hours. The number of supervised master's advanced practice hours will be assessed, and if those hours plus the 450 supervised practice hours in the DNP program are less than 1,000 hours, plans will be made for accepted candidates to complete those hours within the DNP program.</p>           |
| ADMISSION CRITERIA        | <ul style="list-style-type: none"> <li>• Be a graduate of an accredited advanced practice nursing master's degree program</li> <li>• Have a minimum GPA of 3.3 in a master's degree program in nursing or equivalent professional experience</li> <li>• Be licensed as a registered nurse in New York State, state certified and board eligible as a Family Nurse Practitioner (FNP)* or Adult Acute Care Nurse Practitioner (AACNP)</li> <li>• No standardized admission test (GRE or Miller Analogy) required</li> <li>• Qualified applicants will be interviewed by the DNP Admissions Committee. During the interview, applicants will be required to write a 250-500 word abstract on a clinical question they have identified in their practice.</li> </ul> |
| APPLICATION DEADLINE      | Admission to the DNP program is highly competitive. All applications must be completed and submitted by <b>March 1, 2017</b> , for priority consideration for this cohort class of no more than 24 students. Applications received after March 1, 2017, until April 15, 2017**, will be considered on a space-available basis.  |

*Note: All documents submitted in support of an application for admission become the permanent possession of Pace University and cannot be returned to the applicant or photocopied for the applicant. For your records, please make photocopies of all materials submitted, except for transcripts and recommendation forms, which must be received unopened, in the original, sealed envelopes.*

*\*Although the Pace FNP-DNP program is designed for family nurse practitioners (FNPs), Pace has an option for adult, adult-gerontology primary care, pediatric primary care, and women's health nurse practitioners with master's degrees who wish to obtain FNP certification as an FNP-DNP. If you are interested in this option, you will need to meet with the FNP-DNP program director who will conduct a gap analysis to determine what additional clinical courses and precepted clinical hours will be required.*

*\*\* Or until classes are filled.*

# Pace University Doctor of Nursing Practice (DNP) Program Cohort Group\*

Complete and return the application along with the \$70 non-refundable application fee.  
Please print neatly using blue or black ink or type.

Mr.  
 Ms.

\_\_\_\_\_

Last Name First Name

\_\_\_\_\_

Middle Name Jr., III, etc. Date of Birth (MM/DD/YYYY) Social Security Number†

\_\_\_\_\_

Gender  Male  Female

† Please be advised that your Social Security Number is required in order for your Free Application for Federal Student Aid (FAFSA) to be processed. Your SSN will not be used for identification purposes at Pace University.

If any records will be under another name(s), please indicate.

\_\_\_\_\_

Mailing Address Apt. # Address 2

\_\_\_\_\_

City State Zip/Postal Code Country

(\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_

Home Phone Number Business Phone Number Cellular Phone Number

E-mail Address \_\_\_\_\_

Ethnicity (optional) Are you Hispanic/Latino?  Yes, Hispanic or Latino (including Spain)  No If yes, please describe your background: \_\_\_\_\_

If you answered no, or if you answered yes and wish to describe yourself further, please check one or more from the list below.

American Indian or Alaska Native (including all Original Peoples of the Americas) Are you enrolled in a Tribe?  Yes  No \_\_\_\_\_  
If yes, please enter Tribal Enrollment Number

Asian (including Indian subcontinent and Philippines)  Black or African American (including Africa and Caribbean)

Native Hawaiian or Other Pacific Islander (Original Peoples)  White (including Middle Eastern)  Other \_\_\_\_\_

Is English your native language?  Yes  No Native language (if other than English) \_\_\_\_\_

.....

Please indicate your degree or certificate objective:

Doctor of Nursing Practice Advanced Standing–FNP\*

Doctor of Nursing Practice Advanced Standing–Adult Acute Care NP

Campus:  New York City Semester:  Fall **20** \_\_\_\_\_

Status:  Part-Time

Have you previously applied to or enrolled in any school or program of Pace University?  Yes  No

If yes, please explain (include school, program, and entry term date): \_\_\_\_\_

.....

Are you or an immediate family member an employee of Pace University?  Yes  No If yes, please explain: \_\_\_\_\_

If no, please provide the information below:

\_\_\_\_\_

Current employer

\_\_\_\_\_

City State Country

Does your employer provide tuition reimbursement?  Yes  No

\*Although the Pace FNP-DNP program is designed for family nurse practitioners (FNPs), Pace has an option for adult, adult-gerontology primary care, pediatric primary care, and women's health nurse practitioners with master's degrees who wish to obtain FNP certification as an FNP-DNP. If you are interested in this option, you will need to meet with the FNP-DNP program director who will conduct a gap analysis to determine what additional clinical courses and precepted clinical hours will be required.

Are you a citizen of the United States?  Yes  No

Are you a permanent resident of the United States?  Yes  No

Which of the following was the biggest influence in your decision to apply to Pace University? (Check the appropriate box):

- Accelerated Admission Day Event
- Attended a Pace Information Session
- Campus Location
- Career Services and Internship Program
- College or Professional Fair
- Course Offerings
- Financial Aid/Scholarship Offerings
- Information on Pace Website
- Online Chat with Department/Admissions
- Phone or In-Person Meeting with Pace Admission Counselor
- School Publication Received in the Mail
- Recommendation from Current Pace Student
- Recommendation from Pace Alumni
- Recommendation from Pace Faculty/Staff Member
- Recommendation from Employer
- Tour of Pace University Campus
- Attended a Special Event with Chosen Program

Please list in chronological order all colleges or universities attended since your high school graduation. Be sure to include all institutions at which you were, are, or will be enrolled prior to your anticipated Pace University graduate program entry term, not only those institutions from which you received a degree. An official transcript from each institution must be received by the Pace University Office of Graduate Admission to which you are sending this application. All documents not issued in English must be supplemented by professionally certified English translations (please see International Student Information).

|                      |       |         |   |  |   |
|----------------------|-------|---------|---|--|---|
| Institution Attended | /     | /       | / |  | Degree Received:<br><input type="radio"/> Associate<br><input type="radio"/> Bachelor's<br><input type="radio"/> Master's<br><input type="radio"/> None |
| City                 | State | Country |   |  |   |
| Institution Attended | /     | /       | / |  | Degree Received:<br><input type="radio"/> Associate<br><input type="radio"/> Bachelor's<br><input type="radio"/> Master's<br><input type="radio"/> None |
| City                 | State | Country |   |  |   |
| Institution Attended | /     | /       | / |  | Degree Received:<br><input type="radio"/> Associate<br><input type="radio"/> Bachelor's<br><input type="radio"/> Master's<br><input type="radio"/> None |
| City                 | State | Country |   |  |   |
| Institution Attended | /     | /       | / |  | Degree Received:<br><input type="radio"/> Associate<br><input type="radio"/> Bachelor's<br><input type="radio"/> Master's<br><input type="radio"/> None |
| City                 | State | Country |   |  |   |
| Institution Attended | /     | /       | / |  | Degree Received:<br><input type="radio"/> Associate<br><input type="radio"/> Bachelor's<br><input type="radio"/> Master's<br><input type="radio"/> None |
| City                 | State | Country |   |  |   |

Have you ever been placed on academic or disciplinary probation or been dismissed from any institution?  Yes  No  
*If yes, please attach your statement of the circumstances.*

Have you ever been convicted of or plead guilty to a misdemeanor or felony?  Yes  No  
*If yes, please explain on a separate piece of paper (response required).*

Note: Answering yes to either of the two questions above does not automatically bar you from admission to Pace University.

**LICENSURE INFORMATION:**

In which state(s) are you currently licensed as a registered nurse?

|       |                |       |                |
|-------|----------------|-------|----------------|
| State | License Number | State | License Number |
| State | License Number |       |                |

**CURRENT CERTIFICATION:**

Are you currently a certified family nurse practitioner?  Yes  No\*

Are you currently a certified adult acute care nurse practitioner?  Yes  No

If no, indicate nurse practitioner specialty \_\_\_\_\_

**Please list all current certifications:**

Certification \_\_\_\_\_ Certifying Organization \_\_\_\_\_ Certification Number \_\_\_\_\_

Certification \_\_\_\_\_ Certifying Organization \_\_\_\_\_ Certification Number \_\_\_\_\_

Certification \_\_\_\_\_ Certifying Organization \_\_\_\_\_ Certification Number \_\_\_\_\_

Certification \_\_\_\_\_ Certifying Organization \_\_\_\_\_ Certification Number \_\_\_\_\_

Certification \_\_\_\_\_ Certifying Organization \_\_\_\_\_ Certification Number \_\_\_\_\_

Certification \_\_\_\_\_ Certifying Organization \_\_\_\_\_ Certification Number \_\_\_\_\_

**Please list the names of other DNP programs to which you are applying:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A personal statement, resume, and two recommendations are required. Please refer to page 1 of this booklet.**

*I certify that all of the information provided by me or on my behalf in support of my application for admission is complete and accurate. I acknowledge that I am obligated to supplement my application as soon as I know or reasonably should know if the information I have provided or that was provided on my behalf is inaccurate or incomplete. I also certify that the personal statement submitted in support of my application for admission is solely my own original work. I acknowledge that Pace University may, at its sole discretion, verify any information submitted in conjunction with my application. I acknowledge that if I omit relevant information or provide inaccurate information or information that is misleading, submit a personal statement that is not solely my own original work, or if I fail to supplement my application as required, Pace University may, at its sole discretion, deny my application for admission, rescind my admission, impose disciplinary sanctions against me, dismiss me from Pace University, and/or rescind any degrees or certificates awarded to me by Pace University.*

*I acknowledge that the application fee I have paid or will pay in the future is not refundable.*

*I acknowledge that I am bound by the policies, practices, and procedures of Pace University, whether published or unpublished, and I agree to comply with them.*

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date (MM/DD/YYYY)**

\_\_\_\_\_  
**Please print name**

**Non-Discrimination Statement**

Pace University prohibits and will not tolerate discrimination or harassment in any of its programs or activities on the basis of sex, race, color, national origin, religion, creed, age, disability, citizenship, marital status, sexual orientation, genetic predisposition or carrier status, veteran status, or any other characteristic protected by law. Pace University's Affirmative Action Officer has been designated to handle inquiries regarding the University's non-discrimination and harassment policy and may be contacted at 156 William Street, New York, New York 10038, (212) 346-1310, or at Costello House, 861 Bedford Road, Pleasantville, New York 10570 (914) 773-3856.

**Reasonable Accommodations**

Pace University prohibits discrimination on the basis of disability and is committed to ensuring equal access to the application process for applicants with disabilities. An applicant who may require a reasonable accommodation in order to complete the application process should contact the Director of Disability Services on either the New York City (212) 346-1526 or Westchester Campus (914) 773-3710.

*\*Although the Pace FNP-DNP program is designed for family nurse practitioners (FNPs), Pace has an option for adult, adult-gerontology primary care, pediatric primary care, and women's health nurse practitioners with master's degrees who wish to obtain FNP certification as an FNP-DNP. If you are interested in this option, you will need to meet with the FNP-DNP program director who will conduct a gap analysis to determine what additional clinical courses and precepted clinical hours will be required.*

**FOR OFFICE USE ONLY**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
**APP REC DATE (MM/DD/YYYY)**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
**FEE REC DATE (MM/DD/YYYY)**

College of  
**Health  
Professions**



Work toward greatness.

**Office of Graduate Admissions**

[graduateadmission@pace.edu](mailto:graduateadmission@pace.edu)

Pace University  
Graduate Admission Office, W110  
Graduate Application Processing Center  
One Pace Plaza  
New York, NY 10038  
(212) 346-1531  
[graduateadmission@pace.edu](mailto:graduateadmission@pace.edu)



@PaceAdmissions