Doctor of Nursing Practice Program
School of Nursing & Health Professions

Post-Baccalaureate Track (BS to DNP)

Please mail this completed form and all required materials in one package to the Regis Graduate Admission Office. (Retain a copy of your completed application for your own records.)

For entry in

- Fall _______ (year)
- Spring _______ (year)
- Summer I _______ (year)
- Summer II _______ (year)

Personal information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Former Name</th>
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<tr>
<th>Social Security Number</th>
<th>Date of Birth (optional)</th>
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<tr>
<th>Phone (day)</th>
<th>Phone (evening)</th>
<th>Fax</th>
<th>E-mail</th>
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Present Mailing Address

(effective until ______ )

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<thead>
<tr>
<th>Street Address/Apartment Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
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Permanent Mailing Address

(if different from above)

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<tr>
<th>Street Address/Apartment Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
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Have you ever been convicted of a felony?  

- Yes  
- No

Students may be required to complete a criminal background check.

Optional information

Sex

- Female  
- Male

Country of Citizenship

- If not a U.S. citizen, are you a permanent resident of the United States?  
  - Yes  
  - No

Current visa status (if any)

Ethnicity

- Hispanic/Latino  
- Non-Hispanic/Latino

Race (check as many as apply):

- American Indian or Alaskan Native  
- Asian  
- Black or African American  
- Nonresident alien

- Native Hawaiian or other Pacific Islander  
- White  
- Two or more races  
- No Answer

Language

- If English is not your first language, in what country did you graduate from high school? ________________

Languages, other than English, in which you are fluent:  ________________

Financial Aid

- Will you be applying for financial aid?  
  - Yes  
  - No
  
If yes, on what date?

Your response to this question will be used to coordinate aid awards with the Office of Financial Aid and will in no way affect your admission to the Nursing Program.
Test information

NOTE: APPLICANTS TO THE BS TO DNP PROGRAM ARE REQUIRED TO SUBMIT GRE OR MILLER ANALOGIES TEST RESULTS.

Date you took or will take the GRE ____________ or Miller Analogies Test ____________

☐ I request a waiver of the GRE/Miller Analogies Test requirement because I already hold a doctoral degree.

Applicants for whom English is a second language: Date on which you took or will take the TOEFL ____________

Education information

List below post-secondary education and degrees earned.

<table>
<thead>
<tr>
<th>College or University</th>
<th>Degree &amp; Date Awarded</th>
<th>Major</th>
<th>Dates Attended</th>
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Are you currently a licensed nurse?  ☐ yes  ☐ no

Massachusetts Nursing License number ___________________________

Other Advanced Practice Nursing certifications __________________

Employment and volunteer information

Please enclose a current resumé of employment and volunteer experiences.

Recommendations (2)

One letter should be from a professional reference. The other should be from an academic reference.

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<th>Name</th>
<th>Position and Organization</th>
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Additional requirements

1. Two essays. Essays should demonstrate depth and scholarship (500 word minimum for each). Applicants are encouraged to review the AACN Essentials for Doctoral Education for Advanced Nursing Practice and incorporate into essays.

   Essay 1. Address goals and expectations for entering the DNP program: how you anticipate that nursing as a profession and the public will be better served by your completing this advanced study.

   Essay 2. Identify a professional practice issue which you will pursue as you complete your doctoral studies. Include how you envision accomplishing this project and how it will affect nursing practice. Focus specifically on the NP track (Pediatrics, Family, Women’s Health, Psychiatric Mental Health) to which you are applying.

2. Transcripts from baccalaureate program (must be originals).

3. Application fee — $75. Check payable to Regis College.

Other information

How did you initially learn about the Regis Nursing Program?

I hereby state that the information contained in this application is, to the best of my knowledge, true, accurate, and complete. I further assert that this material is for the sole use of Regis College in assessing my potential for admission. Application materials become the property of Regis College. They are accessible to me upon my matriculation in accordance with federal law.

Applicant’s Signature ___________________________________________ Date ____________________