

UNIVERSITY OF WISCONSIN OSHKOSH
COLLEGE OF NURSING
GRADUATE PROGRAM

MSN to DNP with FNP Emphasis

Supplementary Application

This form provides the College of Nursing with additional information and does not take the place of the Graduate Application form.

Name Date

Address

City State Zip

Email Home Phone:

Cell Number: Work Phone:

1. Indicate whether you plan to attend: Full-time Part-time

2. State(s) in which you hold current licensure as a registered nurse:

Wisconsin RN License number: Expires:

3. Are you an Advanced Practice Registered Nurse? Yes No

If yes, what is your population/specialty

Are you nationally certified in your advanced practice role? Yes No

4. Are you currently practicing as an Advanced Practice Registered Nurse? Yes No

a. If yes, in what area (i.e. Family, pediatrics, internal medicine, etc):

b. If yes, have you taken the following classes that encompass curriculum across the lifespan?

i. Pharmacology Yes No

ii. Pathophysiology Yes No

iii. Advanced Health Assessment Yes No

5. If you are an Advanced Practice Nurse, attach evidence of 550 hours of advanced nursing clinical practice in your specialty. Clinical specialty hours in your educational program are acceptable.
6. Attach a CV including professional organization memberships and leadership positions; publications; presentations; community service; awards; research background, professional journals that you regularly read as well as your education and experience.
7. Attach a professional portfolio including:
 - a) a brief statement describing why you are pursuing a DNP and what are your career goals post-DNP
 - b) your current role and summary of job responsibilities.
 - c) projects and quality initiatives
 - d) professional leadership responsibilities
 - e) DNP capstone project ideas

The portfolio will be judged based on organization, clarity, creativity, and conciseness. The portfolio needs to be accurate and complete but not lengthy.

I understand that final acceptance into the program is subject to meeting healthcare requirements, CPR certification, and criminal background check. All information provided is accurate.

Signature Date

Return this supplementary application form and accompanying materials to:

University of Wisconsin Oshkosh College of Nursing

Graduate Program: DNP

800 Algoma Blvd

Oshkosh, WI 54901

Fax: (920) 424-0123

Email: congrad@uwosh.edu