



# Application for Master's or Certificate Programs

Office Use Only  
Date received in CONH:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Previous Last Name(s) \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

E-Mail Address \_\_\_\_\_ County of Residence \_\_\_\_\_

Complete Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please check which MS, post master's certificate, or certificate program for which you are applying.																			
<input type="checkbox"/>	Administration of Nur & Health Care Systems	<input type="checkbox"/>	Adult- Gero ACNP	<input type="checkbox"/>	Adult- Gero CNS	<input type="checkbox"/>	Family NP	<input type="checkbox"/>	Neonatal NP	<input type="checkbox"/>	Nursing Education	<input type="checkbox"/>	PNP Acute Care	<input type="checkbox"/>	PNP Primary Care	<input type="checkbox"/>	Psych Mental Health NP	<input type="checkbox"/>	School Nurse
													<input type="checkbox"/> Dual PNP						
		<b>OR</b> <input type="checkbox"/>		<b>OR</b> <input type="checkbox"/>												<b>OR</b> <input type="checkbox"/>		School Nurse Certificate	
		Adult- Gero CNS Certificate		Family NP Certificate															

<b>For ACNP applicants only:</b> Are you interested in taking an elective in Cardiology?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What term do you plan to begin taking classes?	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Have you ever applied to the WSU graduate CONH program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____
Do you have a master's degree in nursing from an NLN or CCNE accredited institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year Graduated _____
Do you have an RN license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please submit verification of license with your application.
Do you have a cumulative GPA of 3.0 or higher on a 4.0 scale in your undergraduate degree?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What is your cumulative GPA? _____
Do you have a 3.0 or higher in any subsequent graduate work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you completed a graduate statistics course <b>within the last 5 years</b> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When? Institution offering course: _____
Do you have current CPR certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
For Acute Care NP, do you have ACLS certification? For Neonatal NP, do you have NRP certification? For PNP, do you have PALS certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please submit a copy of the card with your application.
Are you currently a WSU <b>graduate</b> student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When were you accepted? _____
If not, have you submitted your application to the WSU Graduate School?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Years of recent BSN clinical experience: _____	Area of BSN clinical experience: _____		
If you are already an APRN, do you have prescriptive authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, what is your APRN specialty? _____
Have you requested a BCI&I and FBI check to be sent to Zane Jacks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## INSTRUCTIONS

### Submit to the Graduate School

1. Graduate School application (apply online at [www.wright.edu/graduate-school](http://www.wright.edu/graduate-school)) with appropriate fee. This is **NOT** the same as the CONH Master's Program application
2. Transcripts from **all** colleges attended must be sent to the Graduate School
3. Statement of goals (listed within the graduate application; this is not the same as the Clinical essay)

### Submit to the CONH

1. This application form for master's or certificate programs
2. A résumé or vita including your:
  - a. Name, address and year of graduation of each **school of nursing** attended
  - b. Name, address and year attended for any other **prior college** coursework
  - c. **Work experience** (name of employer, dates of employment, positions held)
3. An essay describing a meaningful clinical situation in which you were involved. Discuss how this situation helped clarify your goals for professional development, your desire to become an advanced practice nurse, and where you are in your career trajectory (maximum of 2 typed pages).
4. Two letters of recommendation (3 required for ACNP program) on official letterhead, ideally from:
  - d. Your current or most recent supervisor and
  - e. A faculty member of your BSN program or previous employer.

Please address these letters to:

Nursing Graduate Admissions  
160UH CONH  
Wright State University  
Dayton, Ohio 45435

You may email them to: [zane.jacks@wright.edu](mailto:zane.jacks@wright.edu)

5. Verification of your current RN License
6. Proof of certifications for CPR and if applicable: PALS for pediatric, NRP for neonatal, ACLS for adult AC
7. Results of a FBI & BCI&I check sent to  
Zane Jacks  
160UH CONH  
Wright State University  
3640 Colonel Glenn Hwy  
Dayton, OH 45435.

When applying for the background checks, you must choose the **4723 09 Nurses (RNs, LPNs, dialysis techs, students entering nursing education or dialysis)** option regarding the "reason for fingerprinting". Copies will not be accepted from another agency/hospital/organization. 📩 **IMPORTANT:** It can take up to 30 business days for the results to be received, so **plan to be fingerprinted at least 30 days prior to the required due date!!**

**Note: Application deadlines vary by specific programs**