

SIMMONS

SIMMONS COLLEGE SCHOOL OF HEALTH SCIENCES

APPLICATION FOR ADMISSION 2009

Certificate in Advanced Graduate Study Health Professions Education

APPLICATION DEADLINES

June 1 for September 2009 entry

November 1 for January 2010 entry

All admission decisions will be sent **after** each designated deadline date



APPLICATION FEE WAIVERS

There are a variety of ways to obtain an application fee waiver:

Current Simmons degree-seeking students or alumnae/i of the Simmons Undergraduate College or a Simmons Graduate School	Exempt from paying the application fee, with the exception of the DPT Bridge and DNP Advanced Standing applications
Attendee of an on-campus School of Health Sciences Information Session	Fee waiver form is provided at the Information Session and should be completed and included with your application materials when you apply
Know a Simmons School of Health Sciences Graduate	That person may recommend you for an application fee waiver by completing the <u>Applicant Fee Waiver Referral Form Alumna/us or Preceptor</u> returning it to you to submit with your application materials when you apply
Know a Simmons School of Health Sciences preceptor for one of your clinical classes	May recommend you for an application fee waiver by completing the <u>Applicant Fee Waiver Referral Form Alumna/us or Preceptor</u> (see below), and returning it to you to submit with your application materials when you apply
Student of a college or university that has an articulation agreement with the School of Health Sciences	The application fee is waived. To learn which U.S. undergraduate institutions have such agreements with SHS, visit http://www.simmons.edu/shs/admission/articulation.shtml
Employee of an agency or hospital	Contact your Human Resources Office or the Finance Office of your workplace to determine if an articulation agreement with SHS exists

APPLICATION FOR ADMISSION – C.A.G.S. HEALTH PROFESSIONS EDUCATION
SIMMONS ACADEMIC YEAR 2009 - 2010

Name: Last (Surname) First (Given) Middle Former

Please select the date you would like to begin the C.A.G.S. Health Professions Education program:

- September 2009
 January 2010

Application and ALL required materials must be received, not postmarked, in the Office of Admission by the designated deadline dates.

Admission decisions will be sent after the deadline for the specific semester of entry.

All applicants must submit the following materials in **one envelope** (except TOEFL scores) to the Office of Admission of the School of Health Sciences. Do not submit materials in binders or bound booklets.

- Application
- Current resume
- Letter of Intent
- A non-refundable application fee of \$50.*
The check should be made payable to Simmons College. Please print your name at the top of the check.
- All official undergraduate and graduate transcripts (whether or not a degree was awarded or if the courses were taken some time ago, were not specific to the program for which you are applying, or appear on another transcript as study abroad or transfer credit). Student copies are not considered official. **Allow ample time to request transcripts so that you can submit them by the deadline date.**
- If you were born outside of the U.S. but have U.S. citizenship, please provide evidence such as a copy of your U.S. Passport.
- Two letters of recommendation (one from an employment supervisor and if possible one from a faculty member) **on letterhead stationery with original signatures in signed, sealed envelopes. These individuals should not represent a single facility or institution.**
- Application checklist

Sent separately:

TOEFL

- Applicants whose first language is not English must submit an official TOEFL score from the Educational Testing Service (ETS), taken within two years prior to the application deadline. The official score report must be sent directly by the Educational Testing Service (ETS) to SHS. The TOEFL requirement is based on native language, not citizenship status. No other English proficiency exam will be accepted. The TOEFL is waived for applicants who have graduated at the bachelor's or master's level from a regionally accredited U.S. institution or a post secondary institution abroad that is recognized by the Ministry of Education in the host country in English-speaking countries **only**. Copies of student score reports are not acceptable.

Please note: Due to U.S. immigration policies, students requiring an F-1 student visa must be enrolled full time; the C.A.G.S. Health Professions Education program is part time. Taking classes as a non degree student is not possible.

* Fee waiver information is available on the previous page of this application.

See <http://www.simmons.edu/shs/admission/waivers.shtml> for Simmons alum or preceptor referral form

APPLICATION FOR ADMISSION – C.A.G.S. HEALTH PROFESSIONS EDUCATION
SIMMONS ACADEMIC YEAR 2009 - 2010

REQUIRED INFORMATION

Have you previously applied to the School of Health Sciences (formerly the School for Health Studies?) Yes No

If so, when? _____ Which program? _____ Under what name? _____

Name: Last (Family or Surname) First (Given) Middle Former

Permanent Mailing Address: Street

City State, Province Foreign Country Postal Code

Permanent Phone Number: Days (area code) Phone Number: Nights (area code)

Current or temporary mailing address (if different from above)

City State, Province Foreign Country Postal Code

Temporary Phone Number

Inclusive Dates of temporary mailing address: (month/day/year to month/day/year)

Email Address (our primary form of communication) Fax Number

Date of Birth (month/day/year) Male/Female Country of Birth

Country of Citizenship First Language

A _____
Resident Alien Number Visa type (if in possession of a visa now)

REQUIRED INFORMATION (continued)

Name: Last (Surname) First (Given) Middle Former

LETTER OF INTENT

In one or two pages, please provide the following: your professional goals, your reasons for pursuing the C.A.G.S. Health Professions Education program, and your expected outcomes in completing the certificate.

WORKING KNOWLEDGE AND USE OF COMPUTER SOFTWARE

Please indicate your skill level for each item: 1 for independent, 2 for familiar (needs occasional assistance) 3 for novice (frequent assistance), 4 no knowledge

- | | |
|--|---|
| ___ Word Processing (Word, Word Perfect) | ___ Literature Searches (PubMed, ERIC, Ovid) |
| ___ Database Management (Access, Excel) | ___ Statistical Analysis (SPSS, SAS) |
| ___ Presentation (PowerPoint) | ___ Communications (E-mail, Internet Navigation, Chat Room) |

How did you learn about the C.A.G.S. Health Professions Education Program?

OPTIONAL INFORMATION

The School for Health Sciences seeks information about its applicant pool to evaluate its ongoing efforts to attract a diverse student body. Your candidacy for admission **will not** be adversely affected should you decline to indicate the following.

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White (non-Hispanic) |
| <input type="checkbox"/> Black or African-American (non-Hispanic) | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Hispanic / Latino/a | |

Social Security Number* _____

*Your Social Security number is requested for identification purposes only. Disclosure of your Social Security number is voluntary on your part as an applicant to the College. If you do not wish to disclose your Social Security Number, this nondisclosure **will not** negatively affect your candidacy.

REQUIRED

I hereby certify that the information contained in this application and in any supplemental materials which I submit, is factually accurate and honest as of the date submitted. I have reported all post secondary attendance and have submitted all required educational documents. I further assert that this material is for the sole use of Simmons College in determining my suitability for admission. I understand that application materials become the property of Simmons College and cannot be returned to me. Upon my acceptance and matriculation, I am subject to the academic rules and regulations of Simmons College and to the ethical standards and conduct as a student and in my clinical workplace consistent with professional practice as interpreted by the College. I understand that any misrepresentation may be cause for withdrawal of my application, denial of admission, or cancellation of admission and enrollment. Fraudulent misrepresentation may also be subject to litigation by Simmons College.

Signature of Applicant

Date (month/day/year)

Print Name

All materials should be mailed to:
Office of Admission
The School of Health Sciences
Simmons College
300 The Fenway,
Boston, MA 02115-5898

C.A.G.S. HEALTH PROFESSIONS EDUCATION PROGRAM CHECKLIST

Name: Last (Family or Surname) Middle First (Given) Former

Please complete and submit this checklist with your application to assure that you have submitted all the required materials.

Please use the same name in the same order on all correspondence.

All materials must be received by the Office of Admission by the application deadline date, not postmark date.

Allow ample time to request materials so that you may submit them by the deadline date. Submit all the materials in one envelope, except standardized test scores. (see below)

Enclosed:

- Completed application
- A non-refundable application fee of \$50 payable to Simmons College*:
Please print your name at the top of the check.
- Letter of intent
- Current resume
- If you were born outside of the U.S. but have U.S. citizenship, please provide evidence such as a copy of your U.S. passport.
- Official transcripts from all undergraduate and/or graduate institutions, **whether or not a degree was awarded, the courses were taken some time ago, were not specific to the program for which you are applying, or appear on another transcript as study abroad or transfer credit.** These transcripts must be submitted in signed and sealed envelopes. If coursework and/or a degree were earned abroad, official academic records in the native language and an official English translation (if applicable) are required. An evaluation of the overseas degree may be required by a commercial agency at a cost to the student. Only overseas degrees authorized by the Ministry of Education in the home country will be considered for admission.

School	Diploma, Certificate or Degree Granted (if any)	Years of Attendance/ Graduation
<input type="checkbox"/> Transcript		
<input type="checkbox"/> Transcript		
<input type="checkbox"/> Transcript		

- Two letters of recommendation (one from an employment supervisor and one from a faculty member) on letterhead stationery, **in signed, sealed envelopes. Recommenders should not represent a single facility or institution.**

(Name) _____

(Name) _____

Sent Separately:

- Official TOEFL score sent directly to the School for Health Sciences by the Educational Testing Service (ETS) for all applicants whose first language is not English. Scores within the past two consecutive years are required; copies of student score reports are **not** acceptable.

Office of Admission
 Simmons College
 School of Health Sciences
 300 The Fenway
 Boston, MA 02115

*Fee waiver information is available on the second page of this application.