

SIMMONS

SIMMONS COLLEGE SCHOOL OF HEALTH SCIENCES

APPLICATION FOR ADMISSION 2009-2010
Doctor of Nursing Practice (D.N.P.)

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 .DPT Bridge Advanced Standing application fee waivers applicable only for individuals whose institution or agency has a signed agreement with SHS. See below.
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
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 <u>http://www.simmons.edu/shs/admission/articulation.shtml</u>
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 | A APPLICATION FOR ADMISSION – DOCTOR OF NURSING PRACTICE (D.N.P)
SIMMONS COLLEGE ACADEMIC YEAR 2009-2010

Please select the date you would like to begin the D.N.P. program:

- September 2009 (Application deadline: June 1, 2009)
- January 2010 (Application deadline: November 1, 2009)

IMPORTANT: All applicants must hold a M.S. in Nursing or related Master’s degree (with a 3.0 overall GPA) from a regionally accredited U.S. post-secondary institution; have earned a B or better in a college-level statistics course at a regionally accredited U.S. post-secondary institution; this course must have been taken within five years prior to the application deadline. Or, earned a grade of “pass” in the SHS online course, WEB Stats. A minimum of two years full time clinical experience is required to apply for Advanced-Standing Admission.

Admission decisions will be sent **after** the deadline date for each semester.

Please select one:

- Standard Admission (without request for waivers)
- Advanced-Standing Admission (request to waive certain requirements via a portfolio) *

I am applying via the special agreement between the School of Health Sciences and my agency/institution (list the institution):

All applicants for admission must submit required information on pages A and B as well as the recommendation forms on pages C through H. Additionally, Standard applicants must submit page I, while Advanced-Standing applicants must submit pages J and K. All materials must be submitted in one envelope to the Office of Admission of the School of Health Sciences. Be sure to include the School of Health Sciences in the address as there are six offices of admission at Simmons College. **Do not submit original publications, or degree dissertations/research, or materials in binders or bound booklets, as these cannot be returned.**

* The Program faculty’s determination of whether to waive a course requirement for an applicant requires a careful and comprehensive assessment of the applicant’s professional portfolio. We recognize that some applicants may wish to receive a preliminary review prior to submitting their portfolio, but we regret that we cannot provide one. If courses are waived, 27 credit hours must be completed to receive the degree.

REQUIRED INFORMATION

Name: Last (Family or Surname)	First (Given)	Middle	Former
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Permanent Mailing Address: Street

City	State, Province	Foreign Country	Postal Code
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Phone Number: Days (area code)	Phone Number: Nights (area code)
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Email Address (our primary form of communication)	Fax Number
--	------------

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

Country of Citizenship	First (native) Language
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A Resident Alien Number	Visa type (if in possession of a visa now)
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Has your license to practice nursing in Massachusetts or other states been suspended, revoked or otherwise curtailed? Yes No
 If yes, please attach an explanation of when and where this happened, and the circumstances; please include your name on this page.

REQUIRED INFORMATION (continued)

WORKING KNOWLEDGE 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)
- ___ Database Management (Access, Excel)
- ___ Presentation (PowerPoint)

- ___ Literature Searches (PubMed, ERIC, Ovid)
- ___ Statistical Analysis (SPSS, SAS)
- ___ Communications (E-mail, Internet Navigation, Chat Room)

How did you learn about the D.N.P. program? _____

OPTIONAL INFORMATION

To what other D.N.P. programs are you applying? (This information is for research purposes only)

The School of 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.

- American Indian or Alaskan Native
- Asian
- Black or African-American (non-Hispanic)
- Hispanic / Latino/a
- Native Hawaiian or other Pacific Islander
- White (non-Hispanic)
- Other

Please specify: _____

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. However, it is required if you are a U.S. citizen applying for financial aid (loans only).

REQUIRED INFORMATION

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 postsecondary 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 will be cause for withdrawal of my application, denial of admission or cancellation of enrollment. Fraudulent misrepresentation may also be subject to litigation by Simmons College.

Signature of Applicant

Date (month/day/year)

Print Name

Send all materials to:

Office of Admission
The School of Health Sciences
Simmons College
300 The Fenway,
Boston, MA 02115-5898

RECOMMENDATION FORM, PAGE 1
REQUIRED INFORMATION

To be completed by the applicant. Please type or print:

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

Address: Street City State/Country Postal Code

Email Address (our primary form of communication)

This recommendation is to be: (applicant must check one)

Non-Confidential. I reserve the right to review this form at a later date.

Confidential. I waive my right under the Family Educational Rights and Privacy Act of 1974 to review this form.

I certify this waiver was given by me.

Applicant Signature

Date (month/day/year)

To be completed by the person making the recommendation:

Name Title/Position

Firm/Institution

Address: Street City State/County Postal Code

Email Address (our primary form of communication) Telephone (area/country/city code and number)

Please assist the Simmons Graduate Nursing Program in accurately determining the prospective student's qualifications as related to her/his professional objectives.

1. In what capacity have you known the applicant?

2. How long have you known the applicant?

RECOMMENDATION FORM, PAGE 2

Name of Applicant: Last (Family or Surname)

First (Given)

Please rate the applicant on the qualities listed below by circling the appropriate rating.

Acceptance of Feedback (e.g. seeks opportunities for feedback, receives feedback without becoming defensive, applies feedback to performance, is able to critique own performance accurately)

Unable to Rate Fair (< 50%) Average (50%) Good (Top 20%) Exceptional (Top 10%)

Commitment (e.g. eagerly seeks new knowledge, seeks opportunities to improve self or organization, takes initiative)

Unable to Rate Fair (< 50%) Average (50%) Good (Top 20%) Exceptional (Top 10%)

Communication Skills (e.g. writes and speaks clearly and in an organized manner, uses appropriate tone of voice, is able to make a point concisely and logically)

Unable to Rate Fair (< 50%) Average (50%) Good (Top 20%) Exceptional (Top 10%)

Effective Time Management (e.g. meets deadlines, is prompt, collaborates in setting schedules for completing work with others)

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Interpersonal Skills (e.g. is respectful, cooperative, confident, nonjudgmental, a careful listener, works well with others)

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Problem-Solving and Critical Thinking Skills (e.g. raises relevant questions, applies information logically, demonstrates intuitive as well as analytical thinking)

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Professionalism (e.g. has a positive attitude, is mature, honest, ethical)

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Responsibility (e.g. fulfills commitments, accepts responsibility for actions and outcomes)

Unable to Rate Fair (< 50%) Average (50%) Good (Top 20%) Exceptional (Top 10%)

Expertise in Specialty

Unable to Rate Fair (< 50%) Average (50%) Good (Top 20%) Exceptional (Top 10%)

Please provide additional comments on the applicant's principal strengths, professional potential, and her/his capacity for graduate study in this discipline. Please write these comments on letterhead stationery and sign the letter. We encourage you to include any additional information which you feel would be helpful to the Admission Committee.

X

Signature

Date (month/day/year)

Please place this form and any attachments in a sealed envelope, sign the outside flap, and give it to the applicant to include in the application packet. Thank you. Your thoughtful comments are greatly appreciated.

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X

Signature

Date (month/day/year)

Please place this form and any attachments in a sealed envelope, sign the outside flap, and give it to the applicant to include in the application packet. Thank you. Your thoughtful comments are greatly appreciated.

STANDARD APPLICATION CHECKLIST

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

Please use this checklist to insure that you have completed your application; include this page with the application. Please use the same name in the same order on all correspondence. All materials must be received, not postmarked, by the Office of Admission by the application deadline date. Allow ample time to request materials so that they arrive by the deadline date.

This application checklist is for individuals who **do not** wish to request a waiver of the clinical practice requirement for the D.N.P. program.

A Standard Application is considered complete by submitting:

- Completed application
- A check for \$100 for the non-refundable application fee, payable to Simmons College Please print your name at the top of the check*
- Current resume
- Statement of Purpose: respond in essay form in no more than one page for each of the following questions
Please write your name and the question at the top of each page.
 1. Discuss your educational and professional goals, and how the D.N.P. program will facilitate reaching these goals.
 2. Discuss how you have shared knowledge and skills in your nursing practice.
- A notarized copy of your current U.S. nursing license and a copy of a certificate in advance practice specialty.
- Documentation by employer on letterhead stationery of your current employment.
- 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 TOEFL score sent directly to the School of Health Sciences by the Educational Testing Service (ETS) for **all** applicants whose first language is not English. Scores within two years prior to the application deadline are required; 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. college or university, or a postsecondary 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.
- Official transcripts from all undergraduate and/or graduate institutions, in the U.S. and/or abroad, **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** (must be in signed/sealed envelopes).

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

- Three letters of recommendation on letterhead stationery, each in signed, sealed envelopes. If you are self-employed, the recommendations should come from outside of your employment setting, from persons you have collaborated with on professional activities or to whom you have referred patients. See forms in preceding pages.
 - (Name) _____
 - (Name) _____
 - (Name) _____

If you completed one or both of the following courses within 5 years prior to the application deadline, with a grade of B or better, you can waive them. However, you must complete the total 27 credit hours to earn the D.N.P. program. A basic statistics course is required for admission but cannot be used to fulfill bio-statistics, a course in the D.N.P. program. **Please include a courses syllabus (not description) of these courses in the application packet.**

- Bio-Statistics course at (name of institution) _____ (semester/year) _____
- Epidemiology course at (name of institution) _____ (semester/year) _____

Send all materials to: Office of Admission
 School for Health Sciences
 Simmons College
 300 The Fenway, Boston, MA 02115-5898

* Please see the second page for information about waivers for the Standard Application only.

ADVANCED-STANDING APPLICATION CHECKLIST

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

Please use this checklist to insure that you have completed your application; include this page with the application. Please use the same name in the same order on all correspondence. All materials must be received, not postmarked, by the Office of Admission by the application deadline date. Allow ample time to request materials so that they arrive by the deadline date.

This application checklist is for applicants who **wish** to request a waiver of the clinical/practice requirement in the D.N.P. program.

An Advanced-Standing Application is considered complete by submitting:

- Completed application
- A check for \$300 for the non-refundable application fee, payable to Simmons College: please print your name at the top of the check. Application fee waivers for portfolio applications **are not** available.
- Current resume(including documentation of 2 years full-time practice experience)
- Statement of Purpose: respond in essay form in no more than one page for each of the following questions. Place the question at the top of the page and include your name at the top of the page.
 1. Discuss your educational and professional goals and how the D.N.P. program will facilitate your reaching these goals.
 2. Discuss how you have shared knowledge and skills in your nursing practice.
- A notarized copy of your U.S. nursing license and a copy of a certificate in advance practice specialty.
- Description of clinical experiences.
- Documentation by employer on letterhead stationery of your current employment (see Page K).
- A scholarly evidenced based case study that depicts breadth of clinical practice (see Page K).
- The completed Portfolio/Waiver Request Form for Advanced Standing (Page K of application). Each piece of evidence should be labeled with the applicant’s name and the course to which it applies.
- 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 TOEFL score sent directly to the School of Health Sciences by the Educational Testing Service (ETS) for **all** applicants whose first language is not English. Scores within two years prior to the application deadline are required; 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. college or university, 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.
- Official transcripts from all undergraduate and/or graduate institutions, in the U.S. and/or abroad, **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** (must be sent in signed, sealed envelopes).

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

- Three letters of recommendation on letterhead stationery, each in signed, sealed envelopes. Recommenders should not represent a single facility or institution. If you are self-employed, the recommendations should come from outside of your employment setting, from persons you have collaborated with on professional activities or to whom you have referred patients. See forms in preceding pages.
 - (Name) _____
 - (Name) _____
 - (Name) _____

If you completed one or both of the following courses within 5 years prior to the application deadline, with a grade of B or better, you can waive them. However, you must complete the total 27 credit hours to earn the D.N.P. A basic statistics course is required for admission but cannot be used to fulfill bio-statistics, a course in the D.N.P. program. **Please include a courses syllabus (not description) of these courses in the application packet.**

- Bio-Statistics course at (name of institution) _____ (semester/year) _____
- Epidemiology course at (name of institution) _____ (semester/year) _____

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 School for Health Sciences
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ADVANCED-STANDING APPLICATION PORTFOLIO/WAIVER INSTRUCTIONS

The Doctor of Nursing Practice program at Simmons College is a post-master's entry program designed to prepare advanced practice nurses for clinical, educational, and leadership positions within the health care field.

Experienced nurse practitioners/educators/managers will be able to waive clinical credits/practice hours with documentation of advanced practice via a portfolio. The admission portfolio is a reflection of the applicant's scholarly achievements and clinical expertise and must reflect the competencies and admission criteria outlined by the American Association of Colleges of Nursing (AACN) and the National Organization of Nurse Practitioner Faculties (NONPF).

The Program faculty's determination of whether to waive clinical credits/practice hours for an applicant requires a careful and comprehensive assessment of the applicant's professional portfolio. We recognize that some applicants may wish to have a preliminary review prior to submitting their application/portfolio, but we regret that we cannot do so.

Please include your name on each separate document.

PORTFOLIO REQUIREMENTS

- Documentation from employers on letterhead stationery of at least two years of practice experience as either an advanced practice nurse, nurse manager/administrator, or nurse educator. Letters should include the following:
 - Scope of practice
 - Patient profiles
 - Hours worked
 - Involvement in practice management and/or leadership
 - Any other relevant practice exemplars

- Description by the applicant of his/her professional experiences and settings including the following:
 - Scope of practice
 - Patient or client profiles
 - Hours worked
 - Involvement in practice management and/or leadership
 - Committee memberships
 - Research
 - Any other relevant practice exemplars

- Scholarly evidenced-based case study that depicts the breadth of the candidate's clinical practice. Case studies should be relevant to clinical practice, management or educational experience. Cases should include a description of the problem (i.e, clinical presentation for a clinical case), analysis of the problem (i.e., differential diagnosis for a clinical case) and discussion of solutions to the problem (i.e., plan of care for a clinical case). Appropriate scholarly references should be used. Cases should be no longer than 5-7 pages.

OPTIONAL (will strengthen your portfolio)

- Copies of scholarly work including but not limited to :
 - A quality improvement project
 - Research utilization study
 - Program developed
 - Published article
 - Other project(s) reflecting the essentials of the doctorate of nursing practice.