

UNIVERSITY OF PITTSBURGH SCHOOL OF NURSING MASTER'S PROGRAM APPLICATION FORM

(Please type or print all information)

Name: _____ S.S.# (USA) _____
Last First (Middle/Birth if applicable)

Home Address: _____
No. & Street

City County State Zip Code

Mailing Address: _____
No. & Street

City County State Zip Code

Telephone: Day: (____) _____ Eve: (____) _____
Cell: (____) _____ Fax: (____) _____
Email: _____

DEMOGRAPHIC INFORMATION (Optional): Your responses to the following questions are voluntary and will be kept confidential. Refusal to complete the information will not be used to deny access or admission. The information will, however, assist the University in providing data to demonstrate compliance with civil rights laws.

DATE OF BIRTH: _____/_____/_____
GENDER: ___ Male ___ Female
ETHNIC STATUS: ___ Asian (4) ___ Hispanic/Latino (3)
___ Other (6) ___ Native Hawaiian/Oth Pac Island (8)
___ Black/African American (2) ___ White (1)
___ Not specified (7) ___ American Indian/Alaskan Native (5)

CITIZENSHIP: (please check one)
___ US (US Citizen) ___ FP (US Immigrant Permanent Resident) ___ FS (Non-Immigrant Student, Visitor) ___ RF (Refugee in the US)

US Citizen - A person owing allegiance to the United States of America.
Non-Immigrant (Student Visitor) - All aliens who have residence in a foreign country which they have no intention of abandoning and whose stay in the United States is limited to a defined period of time and a definite purpose that, by its nature, may be promptly accomplished.
Refugee in the US: All aliens who have fled or been rejected from their country of nationality for reasons of race, religion, political opinion or war.
US Immigrant Permanent Resident - One who intends to make the US his permanent residence and who is in possession of a permanent immigration visa by the Department of Justice.

Are you a resident of PA? ___ Yes (more than one year) ___ Yes (less than one year) ___ No

Applying for: Year ___ Fall ___ Spring ___ Summer ___ Full time ___ Part time ___

PROGRAM CHOICE: (indicate one area and a subspecialty if applicable)
___ Nurse Anesthesia

Nurse Practitioner:
___ Family
___ Adult
___ Neonatal
___ Pediatric
___ Psychiatric Primary Care
___ **Acute Care:** (choose subspecialty area)
___ Cardiopulmonary Clinical Emphasis
___ Critical Care Clinical Emphasis
___ Oncology Clinical Emphasis
___ Other Clinical Emphasis: _____
___ Trauma/Emergency Preparedness (TEP)

Clinical Nurse Specialist:
___ Medical Surgical
___ Psychiatric/Mental Health

Advanced Specialty Roles: (choose specialty role):
___ Administration: (subspecialty area) ___ CNL
___ Education ___ Research ___ Informatics
(Indicate clinical emphasis)

PROFESSIONAL EVALUATION INFORMATION:

Provide the following for the three persons who have been asked to complete the Professional Evaluation Form.

Name

Title

Address

_____	_____	
_____	_____	
_____	_____	
_____	_____	

HONORS, AWARDS, PUBLICATIONS, RESEARCH, ETC.:

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RESUME: Please enclose a current resume or **CV:** Please be sure to include dates of employment (month/year) of relevant work experiences, examples of leadership and commitment to the profession of nursing, and memberships in professional nursing organizations. List all relevant honors, awards, publications, research, etc.

Foreign applicants: Please submit a description of your clinical skills and experiences while in your educational program(s) and since being employed as a professional nurse.

The University of Pittsburgh has a firm commitment to affirmative action. Therefore, if there are aspects of your background which have not been addressed above or any specific information you feel should be considered, please enclose such information on separate paper.

Signature: _____

Date: