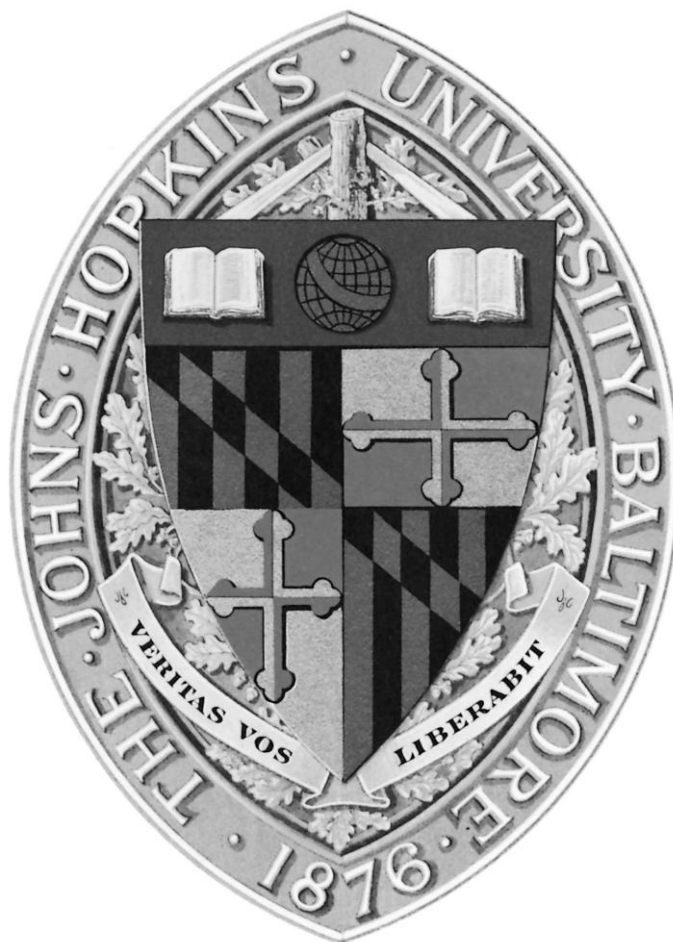


# Johns Hopkins University School of Nursing

## Application for Admission

### Doctor of Nursing Practice (DNP)



*"Bring into the school the best possible students, provide for them... the best possible instruction, instill into them a realization of their responsibilities, send them out in the profession."* -- Elsie M. Lawler, Superintendent of Nurses, Johns Hopkins Hospital 1910-1940

## **DNP Application Guidelines**

**Send application to:** Johns Hopkins University School of Nursing  
Office of Admissions and Student Services  
525 North Wolfe Street, Suite 113  
Baltimore, MD 21205-2110

**Questions or concerns?** 410-955-7548 or [jhuson@son.jhmi.edu](mailto:jhuson@son.jhmi.edu)

Follow all instructions carefully to avoid delays in the processing of application materials. In order to expedite the application process, the application and all supporting documentation (transcript, recommendations, etc) may be submitted in one package. The application and all supporting documentations must be postmarked by the applicable application deadline. Before a final admission decision can be made, all supporting documentation must be received.

### **All applicants must submit:**

- Completed and signed application form
- Signed statement acknowledging the Johns Hopkins University School of Nursing Ethics Policy
- \$100 non-refundable application fee. Make check or money order payable to the Johns Hopkins University  
Please note: The application fee is waived for alums of the Johns Hopkins University
- Goal Statement / Project Proposal
- Three letters of recommendation from professionals who can speak to your practice experience, project management and leadership, and potential for success in doctoral study. Please complete the top section and respond to the access of information waiver on the three enclosed recommendation forms and deliver or mail to the persons who will write recommendations. The recommendations should be enclosed in sealed envelopes with the recommender's signature across the envelope flap.
- Official transcripts from all colleges and universities attended (including the Johns Hopkins University)  
Please note: we do not accept electronic transcripts.
- Current resume or curriculum vitae
- Verification of APRN certification or license appropriate to the state where the capstone courses will be completed must be submitted.

### **International applicants and applicants who have completed courses outside of the United States must submit:**

- Official Course-by-Course WES (World Education Services) Evaluation or official Course-by-Course Evaluation from CGFNS (Commission on Graduates of Foreign Nursing Schools).  
Please note: if any academic credit was granted from an academic institution outside the United States, credits must be evaluated.
- Official TOEFL (Test of English as a Foreign Language) scores for international students whose native language is not English  
Please note: TOEFL is not required for applicants who have a baccalaureate degree or higher from an accredited school within the United States or applicants that have lived in the United States for more than five years.
- All non-permanent citizens are required to submit official documents in English showing proof of funding by the time of matriculation. For more information, visit (<http://www.hopkinsmedicine.org/intlsvcs/>).

### **Notes:**

*The Johns Hopkins University does not discriminate on the basis of race, color, gender, religion, sexual orientation, national or ethnic origin, age, marital status, disability or veteran status in any student program or activity administered by the university or with regard to admission or employment. Defense Department discrimination in ROTC programs on the basis of sexual orientation conflicts with this university policy. The university is committed to encouraging a change in the Defense Department policy. Questions regarding Title VI, Title IX and Section 504 should be referred to the Office of Equal Opportunity and Affirmative Action Programs, Garland Hall, Suite 130, (410) 516-8075*

*The University of necessity reserves the freedom to change without notice any programs, policies, requirements or regulations published herein.*

*Criminal Background Check - Johns Hopkins University School of Nursing students are required to undergo a criminal background check prior to matriculation. The School of Nursing will provide information about this process to accepted students.*

General Information

last name first middle previous name/s

Female Male

social security number date of birth place of birth

social security number

permanent mailing address

city state zip code

current mailing address effective until

city state zip code

home telephone number cell telephone number work telephone number

email address home state

Have you previously applied to the Johns Hopkins University School of Nursing? Yes No If yes, when?

Have you served in Peace Corps? Yes No If yes, where and when?

Are you a US Armed Services veteran? Yes No

Demographics

U.S. Citizen Permanent Resident Foreign National

If not a U.S. citizen, country of citizenship (city and country)

Visa Type: F-1 J-1 Other

Do you need an I-20 or F-1 Visa? Yes No

Optional - the following items are optional. No information you provide will be used in a discriminatory manner.

Are you Hispanic/Latino? Yes, Hispanic or Latino (including Spain) No

Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you:

- American Indian and Alaska Native (including all Original Peoples of the Americas)
Asian (including Indian subcontinent and Philippines)
Black or African American (including Africa and Caribbean)
Native Hawaiian or other Pacific Islander (Original Peoples)
White (including Middle Eastern)

Are you a US Armed Services veteran? Yes No

Test Information

TOEFL: Month/Year Score

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

### Academic Information

List in chronological order **all** baccalaureate and graduate schools that you have attended.

Academic Institutions	Location	Dates of Attendance	Major	Degree Granted/Expected

### Prerequisite Coursework

Please complete the chart indicating when and where you have taken these level courses.

Coursework	Academic Institution	Course Title and Number of Credits	Date Completed
Graduate Level Statistics Course			

### Honors and Awards

Are you a member of Sigma Theta Tau International Honor Society of Nursing?

Yes       No      If yes, which chapter? \_\_\_\_\_

Please list academic, community or employment honors, and/or awards you have received.

Honor/Award	Description	Date

### Credentials

	State	License Number
<b>RN LICENSURE</b>		
<b>APRN Licensure if applicable</b>		

	Type	Source/Organization	Dates
<b>APRN Certification</b>			
<b>Other Certifications or Credentials</b>			

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

### Employment Information

Beginning with the most recent activities, please list your employment experience during the past five years.

Employer	Position/Title	Dates

### Recommendations

List the contact information for the people who will be submitting recommendations on your behalf.

Name	Title/Institution	Address	Telephone

### Publications and Presentations

List papers presented and publications

List titles	Publishers	Dates

### Professional Organizations

List the professional, community and volunteer organization in which you have been active.

Organization	Description of Activity	Dates

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

## Goal Statement / Project proposal

Please submit a typed scholarly statement (maximum of 6 double-spaced pages) addressing the following topics:

- 1) The area of nursing practice that you will emphasize in this program. Describe your prior experience related to this area of emphasis and your goals for the future.
- 2) Describe a current practice-related issue that would be the focus of your Capstone Project, including its scope and significance, the patient population and the clinical setting of interest. Discuss the practice issue as it is described in the literature. What are the strengths and weaknesses of the literature?
- 3) Describe the environment in which you hope to develop and implement your Capstone Project. Please identify a potential practice mentor and how this individual could facilitate your project. Provide a letter of support from your mentor.

## Ethics Policy

Students enrolled in the Johns Hopkins University, School of Nursing are expected to conduct themselves in a manner that upholds the values of this institution of higher education. Each student is obligated to refrain from violating academic and professional nursing ethics, principles and non-academic standards of conduct. The School of Nursing Ethics Policy is based on the shared core values stated in the School's Values Statement.

To review the Johns Hopkins University, School of Nursing Ethics Policy, visit <http://www.son.jhmi.edu/>.

By signing here you agree that if admitted, you will hold yourself and others to the highest standards based on the values of **excellence**, **respect**, **diversity**, **integrity** and **accountability**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## How did you hear about us?

Please indicate the contacts you have had with the Johns Hopkins University School of Nursing: (Check all that apply)

- Special Hopkins on-campus program/tour \_\_\_\_\_  
program, date
- Peterson's Guide                       National League of Nursing Guide                       AllNursingSchools.com
- World Wide Web \_\_\_\_\_  Mailing  
site
- Hopkins alumni/current student \_\_\_\_\_  
name
- Visit to your college/place of employment by a Hopkins representative \_\_\_\_\_  
location
- Career day/school fair event \_\_\_\_\_  
program
- Other \_\_\_\_\_

Please indicate what influenced you most to apply to the Johns Hopkins University School of Nursing:

## Applicant Signature

My signature below indicates that all the information contained in my application is factually correct and honestly presented. I acknowledge that this application and all required credentials submitted to the Johns Hopkins University School of Nursing Office of Admissions and Student Services, including school and college reports and all transcripts, are confidential items and are not to be released to anyone except as allowed by applicable law. I recognize that the University reserves the right to deny admission to applicants even though they have met the minimum requirements for admission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Johns Hopkins University School of Nursing

# DNP Recommendation Form

## APPLICANT

last name

first name

middle name

Type of reference:  Academic  Professional

### Applicant's Waiver

Under the Family Educational Rights and Privacy Act (FERPA) you have the right, if you enroll at the Johns Hopkins University School of Nursing, to review your recommendation. The act further provides that you may waive your right to see your recommendation. Please indicate your choice and sign your name whether or not you wish to waive this right.

I waive  I do not waive Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RECOMMENDER

The Admissions Committee is interested in your assessment of the applicant. You may use this form to address the questions below or you may address the questions below on letterhead and include it with this form. Once complete, return your recommendation in a sealed envelope with your signature across the back flap to the applicant or the Johns Hopkins University School of Nursing, Office of Admissions and Student Services 525 North Wolfe Street, Suite 113, Baltimore, MD 21205.

What is your relationship with the applicant? \_\_\_\_\_

How long you have known the applicant? \_\_\_\_\_

What do you consider to be the applicant's strengths? \_\_\_\_\_

What do you consider to be the applicant's weaknesses? \_\_\_\_\_

How well do you think the applicant has considered plans for this program? \_\_\_\_\_

What do you think is the applicant's potential for innovative practice and translation of evidence into practice? \_\_\_\_\_

Please rate the applicant using the following scales:

	Outstanding Top 5 %	Above Average Top 25%	Top 50%	Below Average	No opportunity to observe
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breadth of general knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual capacities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Johns Hopkins University School of Nursing

# DNP Recommendation Form

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I do not waive

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Quantitative ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Johns Hopkins University School of Nursing

# DNP Recommendation Form

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_