

Northern Illinois University
School of Nursing & Health Studies
Post-Master's Certificate in Nursing Program

Name _____

Address _____

Home Telephone _____

Other (work or cell) Telephone _____

E-mail address _____

Applicant for Post-Master's Certificate Program:

Nursing Education _____

When do you plan to begin coursework toward this certificate? (Check the semester)

_____ Spring 20 _____

_____ Fall 20 _____

Current License(s) in Illinois: Send a copy of your current IL RN and/or APN license.

Professional experience (last 5 years)

List Employer	City, State	Dates	Title/Position
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Education (list with most recent first): Please request an official transcript from your Master's program and send to Attn: Ms. Pamela Taylor (see address at end of form):

Institution	City, State	Degree/Specialty	Date of Completion
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Professional References:

- In the space below, list the names, titles, and affiliations of three persons who will be sending letters of reference on your behalf.
- Letters should address your professional strengths/weaknesses and potential for success in this certificate program. Refer to the guidelines and criteria for admission to the nursing post-master's certificate programs in the current Graduate Catalog. Please ask the persons writing references to use the form used by the Graduate School at NIU. It is available at: <http://www.grad.niu.edu/grad/audience/pdf/recommendation2.pdf> **Letters of recommendation should be sent to Attn: Ms. Pamela Taylor (see address below).**
- Please complete the top portion of the form, distribute it to the persons providing letters of recommendation, and ask them to complete the rating scale plus provide additional comments.

Name	Title	Affiliation
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Goal Statement:

Write a statement of overall career goals. This statement should be on one single-spaced, typewritten page. It should address the applicant's career goals, desired field of study, and rationale for how a graduate certificate in the desired specialization will fulfill career goals.

All items should be submitted to the School of Nursing & Health Studies, Graduate Nursing Admissions Committee, Attn: Ms. Pamela Taylor, NIU, 1240 Normal Road, DeKalb, IL 60115

Is your application complete?

Checklist:

- Special application form**
- Copy of License(s)**
- 3 Letters of recommendation**

(Should be sent separately or in sealed envelopes)

- Official transcripts**

(Must be sent from the school)

- Writing Sample/Goal Statement**

The deadline for complete applications for spring admission is October 1st and for fall admission is February 15th.