



Post Masters Teaching Certificate Program Application

PERSONAL INFORMATION- Please type or print

Name _____
Last Name First Name Middle Name Preferred Name Social Security Number

Mailing Address _____
Street Address Apt# City State Zip Code

Permanent Address _____
Street Address Apt# City State Zip Code

Home Phone Number _____ Cellular Phone Number _____

Business Phone Number _____ Fax Number _____

E-mail Address _____ Birth Date _____
Month Day Year

Other Name(s) Under Which Documents Might Be Received _____

Place of Birth _____ City State Country of Citizenship _____

Citizenship Status: US Citizen Nonimmigrant alien (Visa type _____) Other _____
 Permanent resident alien Refugee Asylee
(Attach a copy of both sides of your I-94 or alien registration card.)

Will you be requesting a visa? Yes No If yes, which type _____

Do you currently hold a visa? Yes No If yes, which type _____

Is English your first language? Yes No If no, what language _____

Language of College instruction (if not English) _____

TOEFL score: Date Taken/Will be taking ____/____/____ Score _____
(TOEFL score only needed if English is not your first language.) Computer-based test Written test

STATISTICAL INFORMATION

The following information is voluntary and refusal to provide it will not result in any adverse treatment. It will be kept confidential and will be used only in accordance with Title VI of the Civil Rights Act of 1964.

Marital Status: Single Married Divorced Gender Male Female

Ethnicity: American Indian or Alaskan Asian or Pacific Island Black Hispanic White Other Religious Preference _____

PROGRAM INFORMATION

Expected Entry Term: Summer _____
Year

I have previously applied to the School of Nursing: Yes _____ No
Semester, Year

Intended Post Masters Program:

Summer Teaching Institute (Post Master’s certificate only)

EDUCATIONAL BACKGROUND

List in chronological order all colleges or universities that you have attended including all schools you are currently attending, regardless of dates or academic performance or if the credit appears on another institutions transcript. List additional schools on a separate page. Official transcripts are required for academic degrees, including Master’s degree.

| College Name | Location | Attendance | | Degree Granted or Expected | Date Received or Expected |
|--------------|----------|-------------|-----------|-------------------------------|------------------------------|
| | | From: mm/yy | To: mm/yy | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

RN Licensure

Date of initial licensure ____/____/____

Are you licensed in Georgia? Yes No

Date of advanced practice licensure ____/____/____

Are you licensed in Georgia? Yes No

Have you ever had an RN license suspended, placed on probation, or revoked? . Yes No If yes, please attach a statement explaining the circumstances.

Do you hold RN licensure in any other states? If so, which one(s)? _____

LETTERS OF RECOMMENDATION

Please list three persons from whom you will request letters of recommendation. One recommendation should come from an academic or clinical instructor from your nursing program, one recommendation from a current supervisor, and one recommendation from a nursing peer.

| Name | Title | Phone Number | E-mail Address | Academic or Professional/Personal | |
|----------|-------|--------------|----------------|-----------------------------------|---|
| 1. _____ | _____ | _____ | _____ | <input type="checkbox"/> Academic | <input type="checkbox"/> Prof./Personal |
| 2. _____ | _____ | _____ | _____ | <input type="checkbox"/> Academic | <input type="checkbox"/> Prof./Personal |
| 3. _____ | _____ | _____ | _____ | <input type="checkbox"/> Academic | <input type="checkbox"/> Prof./Personal |

STATEMENT OF PURPOSE

Please submit a typewritten single or double spaced essay, not to exceed two pages in length, addressing the points listed below. Your response will be regarded as confidential and you are encouraged to elaborate in each area thoroughly and openly. The essay is an important part of the application process. The Admission Committee members read it for content, grammar and spelling. It should reflect your own writing ability and interest in nursing.

1. Describe your clinical practice background.
2. Describe your prior teaching experience, if any.
3. Discuss your interest in teaching nursing.
4. What are your short and long term goals related to teaching and practice?

NURSING EXPERIENCE

A minimum of three years of work experience as a registered nurse in, or related to, the selected specialty area is recommended.

ADDITIONAL INFORMATION

1. Employment History

Please list any positions held since you began working, beginning with the most recent. Attach additional pages as needed.

| <u>Place of Employment</u> | <u>Address</u> | <u>Phone</u> | <u>Position Held</u> | <u>Dates of Employment</u> |
|----------------------------|----------------|--------------|----------------------|----------------------------|
|----------------------------|----------------|--------------|----------------------|----------------------------|

2. Activities and Honors

Please list your collegiate or community activities and designate any leadership positions that you have had as well as any honors that you have received. You must also submit a resume' or curriculum vitae with the application form. Attach additional pages as needed.

| <u>Activity/Honor</u> | <u>Dates of Involvement</u> | <u>Position Held</u> |
|-----------------------|-----------------------------|----------------------|
|-----------------------|-----------------------------|----------------------|

3. Publications

Please give evidence of any original work or investigation (thesis, article, published and unpublished research). List each item with title, date and place of publication.

| <u>Title</u> | <u>Date</u> | <u>Place of Publication</u> |
|--------------|-------------|-----------------------------|
|--------------|-------------|-----------------------------|

Spouse, Guardian, or Life Partner

Name _____ State of Residence _____

Address _____
Street Address Apt# City State Zip

Occupation _____ Employer _____

College(s) attended and highest degree earned _____

Please list the names, relationship to you and years of attendance of any family members who have been students at Emory University.

| <u>Name</u> | <u>Relationship to You</u> | <u>Year(s) of Attendance</u> |
|-------------|----------------------------|------------------------------|
| | | |
| | | |
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| | | |

CONTACT INFORMATION

Who or what influenced your decision to apply to the School of Nursing at Emory University?

To what other nursing schools are you applying?

To the best of my knowledge, the information furnished in this application is complete, true and correct. I understand that falsification or purposeful misrepresentations of my qualifications may result in the denial of my admission application. I agree that if admitted to Emory University's School of Nursing, I will, during such time as I may be enrolled as a student, abide by all the rules, regulations, practices, and policies of Emory University as they may be at the time of my admission or as they may be changed during my continuance as a student. I further agree to pay any fines or assessments that may be made against me for violation of campus traffic or safety rules, including parking, and for such charges to be added to my tuition and rent statements from Emory University.

Signature _____ Date _____

Emory University does not discriminate in admissions, educational program, or employment on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, or veteran/Reserve/National Guard status and prohibits such discrimination by its students, faculty, and staff. Students, faculty, and staff are assured of participation in University programs and in the use of facilities without such discrimination. The University also complies with all applicable federal and Georgia statutes and regulations prohibiting unlawful discrimination. All members of the student body, faculty, and staff are expected to assist in making this policy valid in fact. Inquiries and complaints should be directed to the Equal Opportunity Programs Office, Emory University, Administration Building, Atlanta, Georgia 30322-0520. Telephone 404.727.6016 (V/TTY)