

OLD DOMINION UNIVERSITY  
SCHOOL OF NURSING  
GRADUATE PROGRAM

SUPPLEMENTARY APPLICATION FOR ADMISSION TO  
THE CERTIFICATE PROGRAM

DATE \_\_\_\_\_

1. NAME \_\_\_\_\_

2. MAILING ADDRESS \_\_\_\_\_  
Number & Street City State Zip

3. PHONE NUMBER \_\_\_\_\_

4. BIRTH DATE \_\_\_\_\_

5. RACE \_\_\_\_\_ (THIS IS INFORMATION IS OPTIONAL & USED FOR STATISTICAL PURPOSES ONLY)

6. EMAIL ADDRESS \_\_\_\_\_

7. CERFITCATE PROGRAM SELECTED (CHECK ONE)

\_\_\_\_\_ NURSE EDUCATOR

\_\_\_\_\_ NEONATAL PHYSICIAN ASSISTANT

\_\_\_\_\_ ADULT/GERONTOLOGY CNS

\_\_\_\_\_ FAMILY NURSE PRACTITIONER

8. BACCALAUREATE PROGRAM

NAME OF COLLEGE OR UNIVERSITY \_\_\_\_\_

DATE OF GRADUATION \_\_\_\_\_

9. GRADUATE PROGRAM

NAME OF COLLEGE OR UNIVERSITY \_\_\_\_\_

DATE OF GRADUATION \_\_\_\_\_

10. PREVIOUS GRADUATE PROGRAMS ATTENDED (IF NOT LISTED ABOVE) \_\_\_\_\_

\_\_\_\_\_

11. ARE YOU CURRENTLY ENROLLED AT OLD DOMINION UNIVERSITY?

YES \_\_\_\_\_ NO \_\_\_\_\_

12. ARE YOU CURRENTLY ENROLLED AT ANOTHER INSTITUTION?  
YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, SPECIFY INSTITUTION AND THE LOCATION \_\_\_\_\_  
\_\_\_\_\_

AREA OF STUDY \_\_\_\_\_

13. CURRENT LICENSURE TO PRACTICE \_\_\_\_\_  
State \_\_\_\_\_ Number \_\_\_\_\_

14. PROFESSIONAL PRACTICE EXPERIENCE SINCE GRADUATION FROM THE MASTERS PROGRAM

EXPERIENCE \_\_\_\_\_ AGENCY \_\_\_\_\_ DATES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. PREVIOUS EXPERIENCE THAT WOULD SUPPLEMENT YOUR EDUCATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. DO YOU QUALIFY FOR VA BENEFITS? \_\_\_\_\_ YES \_\_\_\_\_ NO

19. HAVE YOU APPLIED FOR VA BENEFITS FOR THE YELLOW RIBBON PROGRAM: \_\_\_\_\_ YES \_\_\_\_\_ NO

20. DO YOU ALREADY HAVE A CERTIFICATE OF ELIGIBILITY FROM THE VA? \_\_\_\_\_ YES \_\_\_\_\_ NO

21. PLEASE SUBMIT A SHORT ESSAY (TYPED) 500-700 WORDS DESCRIBING

A. YOUR PROFESSIONAL GOALS

B. HOW POST MASTER'S STUDY WILL CONTRIBUTE TO FULFILLMENT  
OF THESE GOALS AND OBJECTIVES

\_\_\_\_\_  
SIGNATURE

DATE

PLEASE RETURN THIS SUPPLEMENTARY APPLICATION WITH THE ESSAY DIRECTLY TO

OLD DOMINION UNIVERSITY  
SCHOOL OF NURSING  
GRADUATE PROGRAM  
1881 University Drive  
Virginia Beach, VA 23453  
EMAIL: greg008@odu.edu  
FAX: 757-683-5253