



## 8. References

Please list the names of two persons you will ask to provide professional references. References are to be provided by one person who is or has been your supervisor and one person who is a peer in an advanced nursing role (e.g., nurse practitioner, nurse administrator, clinical nurse specialist, nurse anesthetist or nursing educator).

1. \_\_\_\_\_ (Supervisor)

2. \_\_\_\_\_ ( Nursing Peer)

**Please give copies of the required reference form to persons identified as references. Persons providing references are asked to complete the reference form, seal it in an envelope, sign their name across the envelope seal and give/send the envelope with the reference to you. Please submit the sealed reference envelope with your application. Copies of the reference form can be accessed at the DNP web site: <http://www.winona.edu/dnp/>.**

## 9. Goal Statement

Please provide a double spaced, typed statement of no more than 1000 words that addresses the following:

1. Your nursing practice goals, short and long term goals, and how the DNP program will help you reach these goals.
2. The clinical nursing phenomena that you are most interested in studying. Please refer to our web site for examples of phenomena of interest appropriate to DNP study. (<http://www.winona.edu/dnp/>).

(Please include your name and the page number on each page of the statement.)

## 10. Resume'

Please provide a resume' that describes information included in the resume' guidelines also included on the DNP web site (<http://www.winona.edu/dnp/>).

THE FOLLOWING INFORMATION IS VOLUNTARY. THIS INFORMATION WILL ASSIST THE DOCTOR OF NURSING PRACTICE CONSORTIUM IN EVALUATING STUDENT RECRUITMENT AND RETENTION POLICIES; IT WILL NOT BE USED AS A BASIS FOR ADMISSION.

**Gender:**      Male     Female

**Social Security Number:**     \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Birthday:**     \_\_\_\_/\_\_\_\_/\_\_\_\_

**Race and ethnic background:**  
*Please select any that apply*

- Hispanic or Latino
- Native American or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Caucasian
- Other: (specify) \_\_\_\_\_

**US Citizen:**      Yes     No

**Veteran:**      Yes     No

## ADMISSION REQUIREMENTS

1. Graduation with a minimum cumulative grade point average of 3.0 on a 4.0 scale, from a CCNE or NLNAC accredited Master's program in nursing.
2. Registered nurse licensure in the state where you expect to conduct your clinical practicum.
3. Eligibility for licensure in Minnesota.
4. Certification: Nurse practitioner, clinical nurse specialist, nurse anesthetist, and nurse midwife applicants must have the respective national certification needed for practice.
5. Professional references from two persons who can comment competently on the applicant's background and suitability for doctoral study. One reference should be from a supervisor and one from a peer in an advanced nursing role (e.g., nurse practitioner, nurse administrator, clinical nurse specialist, or nursing educator). (See reference form on web page).
6. Goal Statement (See guidelines).
7. Resume' (See guidelines on web page).
8. An interview with DNP faculty may be requested following review of the application.

## DEADLINES

The deadline for submission of application, transcripts, and other required material is **March 15<sup>th</sup>**. Applications for admission will be reviewed beginning April 1<sup>st</sup>. Applications for admission will remain open until positions are filled. Applications will close as soon as the maximum number of students has been recommended for admission. Students eligible for admission may be invited to an interview with DNP program faculty. If requested, interviews will begin as soon as possible after the review of applications.

## STUDENT SELECTION CRITERIA

Admission to the DNP program will be competitive. The strength of the applicant's background and documentation of her/his experience as presented in the application materials will be considered in the application review process. In addition to the application, qualified applicants may be asked to participate in an interview with program faculty.

## APPLICATION SUBMISSION REQUIREMENTS

The applicant seeking admission is required to submit or show evidence of the following:

1. Completed Program Application for admission to the Doctor of Nursing Practice Program.
2. Official copies of transcript(s) from each institution attended for graduate study. NOTE: If the applicant has unofficial copies of graduate level transcripts, please include those in the application. They will help expedite application review until official transcripts are received.
3. Evidence of current unencumbered license as a Registered Nurse from the state(s) where clinical will be conducted .
4. References
5. Goal Statement
6. Resume
7. Official copy of TOEFL score if international student.
8. A \$40 non-refundable application fee.

## SIGNATURE OF UNDERSTANDING

I understand that applications are not regarded as "complete" until all supporting papers have been received; therefore, it is in my interest to see that these are submitted as promptly as possible. It is also my understanding that official transcripts sent directly from each school attended must be received as soon as possible and at the end of each successive semester for as long as my application is being considered. Official transcripts showing additional work after acceptance must also be supplied.

I have read the requirements for admission to the Doctorate of Nursing Practice Program. I CERTIFY that the information on this form is true and correct to the best of my knowledge. I understand that willfully withholding information or making false statements in this application may be used as the basis for dismissal.

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Signature of Applicant

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Date

**RETURN THIS APPLICATION AND ALL REQUIRED ATTACHMENTS AND TRANSCRIPTS  
TO THE OFFICE LISTED BELOW:**

**College of Graduate Studies and Research  
Minnesota State University, Mankato  
115 Alumni Foundation Center  
Mankato, MN 56001**

**CONTACT INFORMATION**

Information about the Doctor of Nursing Practice program and the application process is now available on-line at <http://www.winona.edu/dnp/>.

Additional information regarding the DNP program can be accessed through any of the following DNP Consortium advisors:

**Metropolitan State University;  
Contact Person –Suzanne Narayan ([suzanne.narayan@metrostate.edu](mailto:suzanne.narayan@metrostate.edu)), Phone 651.793.1388**

**Minnesota State University, Mankato;  
Contact Person – Sue Ellen Bell ([sue.bell@mnsu.edu](mailto:sue.bell@mnsu.edu)), Phone 507.389.6814**

**Minnesota State University Moorhead;  
Contact Person - Jane Giedt ([giedt@mnstate.edu](mailto:giedt@mnstate.edu)), Phone 218.477.4699**

**Winona State University;  
Contact Person - William McBreen ([wmcbreen@winona.edu](mailto:wmcbreen@winona.edu)), Phone 507.285.7489**