Graduate Study Supplemental Application
SCHOOL OF NURSING
Doctor of Nursing Practice: Nurse Anesthesia

Oakland University

Graduate Admissions
520 O'Dowd Hall
Rochester, Michigan 48309-4475

Name _____

Address _____
                  (Street)   (City)   (State)   (Zip)

Email_____ Daytime Phone _____

Applications to the program are accepted at any time for admission. However, **the final deadline is September 15 for the class that begins full-time study the following Fall semester.**

Required Admission Materials
- An application for admission to graduate study.
- Official transcripts of all graduate and undergraduate course work.
- Two letters of recommendation from professionals who are able to attest to the applicant's ability **(must have one recommendation from current nurse manager).**
- Official Graduate Record Examination results for those applicants whose undergraduate GPA's are less than 3.5.
- Registered Nurse License.
- Proof of BLS or ACLS certification.
- An uploaded goal statement.

RN License #:_____ Expiration Date:_____

Total number of years as practicing Registered Nurse:_____

2. Current license to practice nursing:

⃝ I have a Michigan license. [Attach a copy of the license]

⃝ I have applied for a Michigan license. I am currently licensed in the State of
_____ [Attach a copy of the license]

3. Check one regarding Graduate Record Examination:

⃝ Not required, my undergraduate grade point average is 3.5 or above.

⃝ I have taken the GRE and requested my scores be sent to Oakland University,

[Attach copy of receipt or evidence of taking exam]

⃝ I have applied to take the GRE on [Indicate the date]:_____.

4. Total number of years of Critical Care Experience: _____

5. What attracted you to Oakland University's graduate nursing program?

6. For the "Goal Statement" on your supplemental item checklist, please answer and upload the following.

   Goal statement of 500 to 1,000 words, with attention to the applicant's professional goals including the contributions the applicant expects to make to the profession of nursing.

I certify that the information submitted in this supplemental application form is complete and correct to the best of my knowledge. I realize that misrepresentation in this application is grounds for dismissal if I should be granted admission.

Signature _____   Date _____

Submission Instructions

Complete the form in Adobe Acrobat • Click "File" • Click "Print" • In the "Printer" drop down box select "Adobe PDF" • Click the "Print" button • Choose the location to save the file on your computer • Click "Save" • Log in to the Admission Login Page using your email and password and click 4. Submit Supplemental Items button

Don't forget to also complete your online admissions application if you haven't done so already.

Graduate Study Supplemental Application
NURSE ANESTHESIA TRACK
SUPPLEMENTAL APPLICATION

Oakland University
Graduate Admissions
520 O'Dowd Hall
Rochester, Michigan 48309-4475

Name _____

Address _____

        (Street)   (City)   (State)   (Zip)

Email_____ Daytime Phone _____

The following is a list of the required prerequisite courses for the program.   A
minimum of a 3.0 (B) is required in each course.

Course	University	Date Completed	Course Title/Description	Credits	Grade
Physiology (must be within 7 years)					
Pathophysiology (must be within 7 years)					
Pharmacology (must be within 10 years)					
Anatomy (must be within 10 years)					
Organic Chemistry **or** Biochemistry (must be within 10 years)					
Physical Assessment Course					

Please list how often you are involved in the following ICU situations

	Daily	Weekly	Monthly	Occasionally	Seldom
Ventilated patients					
Patients with arterial lines					
Patients with CVP lines					
Patients with PA catheters					
Patients on multiple vasopressors (2 or more)					

What is your typical patient load?_____

How many hours per week do you work & which shift?_____

Signature_____ Date _____

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Incomplete forms will delay the admissions process.

NurseAnesthesiaSuppAppEDIT022017
- 2/16/2017