



COLLEGE OF  
MOUNT SAINT VINCENT

**APPLICATION FOR ADMISSION**  
**NURSE PRACTITIONER: ADVANCED CERTIFICATE PROGRAM**

**Applicant must submit:**

- \_\_\_\_\_ Completed application with application fee of \$50.00 (non-refundable);
- \_\_\_\_\_ One reference from current supervisor;
- \_\_\_\_\_ Official transcript from college which awarded Master's degree in Nursing, (as well as a copy of the official transcript from undergraduate college);
- \_\_\_\_\_ Copy of RN License

Date: \_\_\_\_\_

Intended Major: Adult Nurse Practitioner  Family Nurse Practitioner

**General Information:**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Last First MI

Present Address:

\_\_\_\_\_ Street City State Zip Code

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Gender: Male  Female  Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Semester of Entry: Fall  Winter/Spring  Summer  Intersession:  Year: \_\_\_\_\_

Student Status: Full-time  Part-time

Marital Status (optional): Single  Married  Divorced  Separated  Widowed

Domestic Partner  Other

Please describe yourself (optional): Asian/Pacific Islander  Black  Hispanic

White/Caucasian  Other

**Post-Secondary Education:** List all post-secondary institutions that you have attended. Begin with the institution attended most recently. (Include any Diploma or AD schools)

Institution Name	Address	Dates Attended: From/To	Degree Awarded	Date Awarded

**Employment History:** List chronologically all positions you have had since obtaining your RN license beginning with your present or most recent position.

Position and Major Responsibilities/Clinical Area	Employer/Address	From	To
1.			
2.			
3.			

RN License Number: \_\_\_\_\_ State: \_\_\_\_\_

Liability Insurance Expiration Date: \_\_\_\_\_

Please tell us about your professional goals.

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All the information on this form is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$50.00 non-refundable application fee is enclosed. (Please make check payable to the College of Mount Saint Vincent).

**Note:** The college reserves the right to cancel admission and registration of any student if there is a misstatement on this application.

The College of Mount Saint Vincent does not discriminate on the bases of race, sex, colour, creed, age, national origin, physical handicap, or marital status. Admission to the College of Mount Saint Vincent is based solely upon an applicant's qualifications and ability to meet educational requirements.

**Please return application and accompanying documents to:**

**School of Professional and Continuing Studies  
College of Mount Saint Vincent  
6301 Riverdale Avenue  
Administration Building, Suite 304  
Riverdale, NY 10471**

**Office:** 718-403-3322

**Fax:** 718-503-3764

**[www.mountsaintvincent.edu/spcs](http://www.mountsaintvincent.edu/spcs)**