



**University of Massachusetts Worcester
Graduate School of Nursing**

**Nurse Educator
Post-Master's Certificate Program
Application for Admission**



University of Massachusetts Worcester Graduate School of Nursing

Application Instructions

Thank you for your interest in the Graduate School of Nursing (GSN) at University of Massachusetts Worcester. We welcome your application. This packet contains all of the required application pieces. Your application will NOT be reviewed until the Office of Admissions has received all items listed below. Please refer to the check list on the second page of this application.

Required for Application

Completed Application Form

Please type or print clearly. Attach additional sheets as needed to provide requested information. Applicants must choose a specialty at the time of application.

Application Fee

Application Fee is \$60.00. Checks must be made payable to the University of Massachusetts.

1 Personal Statement & 2 Essays

Personal Statements are an important part of your application and assist the admissions committee in determining those applicants who will best serve the nursing practice, public service, education and research. The personal statement and essays are required.

3 Letters of Recommendation

Three letters of recommendation from people with whom the applicant has been in contact within the last five years. One reference must be from a professional nurse who has recently been responsible for evaluating the applicant's professional nursing practice. One letter of reference should be a professional letter of reference related to the academic work or volunteer activities.

Official Transcripts from All Prior Undergraduate and Graduate Coursework

Include separate transcripts from transfer course work, study abroad programs, and non-degree coursework taken at any time.

Resume

Resume must include current and prior work experience, education, professional activities and publications of scholarly writing.

CORI & CBC

Criminal Offense Record Investigation (CORI) for Massachusetts Residence. Criminal Background Check (CBC) for Out-of-State Residences

Evidence of Unrestricted Nursing Licensure

Evidence of an unrestricted license as a registered nurse in the state in which the student will complete the clinical component of the program.

**Please contact the Graduate School
of Nursing with any questions at**

508 856-3488 or E-Mail

GSNAdmissions@umassmed.edu

Mailing Address:

**University of Massachusetts
Graduate School of Nursing**

**55 Lake Avenue North
Worcester, MA 01655**



University of Massachusetts Worcester Graduate School of Nursing

CHECK LIST

Please complete this form and return it to the Graduate School of Nursing with your completed application packet. The following items must be submitted completely in the enclosed envelope to be considered for admission to the Graduate School of Nursing:

- Completed Application Form
- Completed Background Questionnaire
- Non-refundable Application Fee
- 1 Personal Statement & 2 Essays
- 3 Letters of Recommendations (in sealed envelopes from recommender)
- Official Transcripts (in sealed envelopes).
International Transcripts must be translated by World Education Services (WES) or Center for Educational Documentation, Inc. (CED)
- Resume must include current and prior work experience, education, professional activities and publications of scholarly writing.
- Evidence of Unrestricted Nursing Licensure
- Criminal Offense Record Investigation (CORI) if residing in the state of Massachusetts; applicant must present themselves to the Graduate School of Nursing for positive identification.
- Notarized Criminal Background Check if residing outside the state of Massachusetts (will send upon acceptance)
- Copy of driver's license or other government issued picture identification.

Signature of Applicant

Date



University of Massachusetts Worcester
Graduate School of Nursing

APPLICATION FOR ADMISSION

Certificate Sought: Nurse Educator Post-Master's Certificate

Intended Plan of Study: Full Time Part-time

Background Information (Please type or print clearly)

Last Name First Name MI Maiden Name (if applicable)

Permanent Street Address Permanent E-mail Address

City State Zip Code County

Home Telephone Number Work Telephone Number Cell Telephone Number

Correspondence Address (If different than Permanent Address)

Social Security Number (Optional) Date of Birth Gender: Male Female

Marital Status: Married Single Divorced

Have you ever applied to the GSN? Yes No

If you wish to be considered as a minority group applicant, designate the disadvantage: Economically Educationally

Are you a veteran: Yes No

Optional Information: In cooperation with the Massachusetts Commission against Discrimination in implementing our Affirmative Action Program, the following optional information is requested. The information in this form is strictly confidential and will not be released to any other agency.

- Race/Ethnicity: Aleut, Eskimo, Native American, Native Hawaiian, Asian American, African American, Hispanic, Latino, Caucasian American, Non Resident (please specify visa type), Other (please specify)



University of Massachusetts Worcester
Graduate School of Nursing

APPLICATION FOR ADMISSION

International Students Only

Country of Birth _____ Type of Visa _____

Country and City of Citizenship _____ Status of Visa (if applicable) _____

Personal Statement & 2 Essays

The Personal Statement and Essays are an important part of your application and assist the admissions committee in determining those applicants who will best serve the nursing practice, public service, education and research. Three personal statements are required.

Personal Statement: Prepare a brief, but explicit (no more than 500 words), statement on a separate page addressing the following points:

- a. Your reasons, personal and/or professional, for pursuing a program of study to become a nurse educator;
- b. Your career plans as a nurse educator after graduation and in the future.

Essays: Answer the following two questions in 300 words each:

- 1. What was your most rewarding experience that demonstrates your critical thinking skills?
- 2. What was your most difficult experience that demonstrates your ability to resolve problems?

Letters of Recommendation

Three letters of recommendation from people with whom the applicant has been in contact within the last five years. One letter of recommendation from a former faculty member, one professional letter of reference and one letter of reference from a professional nurse who has been recently responsible for evaluating your professional nursing practice.

Name	Address	Title or Position

Application Signature

I certify that the information provided on my application form and supporting materials is true, complete and correct to the best of my knowledge. I understand that dishonesty, misrepresentation or fraud in the admission process may result in rejection of my application, revocation of an offer of admission or expulsion from the degree program.

Applicant Signature _____

Date _____



University of Massachusetts Worcester Graduate School of Nursing

BACKGROUND QUESTIONNAIRE

1. Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, which resulted in your probation, suspension, removal, dismissal, or expulsion for the institution?

Yes No

2. Have you ever been convicted of a felony or other crime?

Yes No

Please note that if you answered "yes" to either or both of these questions, we will carefully review the circumstances surrounding your situation. A "yes" answer does NOT necessarily disqualify you for consideration for admission to the University of Massachusetts.

I certify that the information provided above is true and correct to the best of my knowledge.

Applicant Signature

Date

Please Print Applicant Name



University of Massachusetts Worcester
Graduate School of Nursing
 RECOMMENDATION FORM
 Nurse Educator Post Master's Certificate
SEND TO: UMass Worcester, Graduate School of Nursing,
55 Lake Avenue North, Worcester, MA 01655

To be Completed by the Applicant

Note to Applicant: Please complete the top section and deliver or mail this form to the person who will write your recommendation. Your name should be as it appears on your application. Three Letters of Recommendation are required.

Last Name **First Name** **MI**

Recommender's Name (please print) **Affiliation**

Under the provisions of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this letter of recommendation; the Graduate School of Nursing at UMass Worcester may consider it confidential.

Signature of Applicant (optional) **Date**

To Be Completed by the Recommender

1. The Graduate School of Nursing values your comments on the ability of this applicant and will hold your comments in confidence if the applicant has signed the above waiver. We require that you provide additional information pertaining to the applicant's potential for success in graduate study and research, his/her general character, including strengths and weaknesses, and preparation for a successful career in this chosen field of study in letter form. We greatly appreciate your time.
2. How long and in what capacity have you known this applicant? _____
3. Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to the other individuals you have known who have had similar levels of experience and education.

Area	No Information	Below Average	Average	Top 20%	Top 5%
Creativity and Originality					
Written Communication Skills					
Leadership					
Initiative					
Motivation					
Emotional Maturity					
Oral Communication Skills					
Interpersonal Skills					
Analytical Skills					
Judgment/Critical Thinking					
Clinical Competence					
General Academic Ability					

4. Overall Recommendation
Please **circle** the number below indicating the strength of your recommendation.

Would not recommend	1	2	3	4	5	6	Enthusiastic recommendation
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Signature of Recommender **Print Name** **Date**



University of Massachusetts Worcester
Graduate School of Nursing
 RECOMMENDATION FORM
 Nurse Educator Post Master's Certificate
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Signature of Applicant (optional) **Date**

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Written Communication Skills					
Leadership					
Initiative					
Motivation					
Emotional Maturity					
Oral Communication Skills					
Interpersonal Skills					
Analytical Skills					
Judgment/Critical Thinking					
Clinical Competence					
General Academic Ability					

- Overall Recommendation
Please **circle** the number below indicating the strength of your recommendation.

Would not recommend	1	2	3	4	5	6	Enthusiastic recommendation
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Signature of Recommender **Print Name** **Date**



University of Massachusetts Worcester
Graduate School of Nursing
RECOMMENDATION FORM
Nurse Educator Post Master's Certificate
SEND TO: UMass Worcester, Graduate School of Nursing,
55 Lake Avenue North, Worcester, MA 01655

To be Completed by the Applicant

Note to Applicant: Please complete the top section and deliver or mail this form to the person who will write your recommendation. Your name should be as it appears on your application. Three Letters of Recommendation are required.

Last Name First Name MI

Recommender's Name (please print) Affiliation

Under the provisions of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this letter of recommendation; the Graduate School of Nursing at UMass Worcester may consider it confidential.

Signature of Applicant (optional) Date

To Be Completed by the Recommender

- 1. The Graduate School of Nursing values your comments on the ability of this applicant and will hold your comments in confidence...
2. How long and in what capacity have you known this applicant?
3. Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to the other individuals you have known who have had similar levels of experience and education.

Table with 6 columns: Area, No Information, Below Average, Average, Top 20%, Top 5%. Rows include Creativity and Originality, Written Communication Skills, Leadership, Initiative, Motivation, Emotional Maturity, Oral Communication Skills, Interpersonal Skills, Analytical Skills, Judgment/Critical Thinking, Clinical Competence, General Academic Ability.

- 4. Overall Recommendation
Please circle the number below indicating the strength of your recommendation.

Rating scale table with 10 columns: Would not recommend, 1, 2, 3, 4, 5, 6, Enthusiastic recommendation.

Signature of Recommender Print Name Date