

UNIVERSITY  
· OF ·  
COLORADO  
AT COLORADO SPRINGS

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BETH-EL COLLEGE  
OF NURSING & HEALTH SCIENCES

**DOCTOR OF NURSING  
PRACTICE (DNP)  
PROGRAM**

**APPLICATION PACKET**

# DNP APPLICATION CHECKLIST

**DEADLINE for Summer 2010 Admissions: March 1, 2010**

The following items are required for application to Beth-El College of Nursing & Health Sciences DNP program:

- Application part I
- Application part II
- Supplement to Application
- In-state Tuition Sheet (must be filled out and signed, even if you are not claiming)
- Application Fee \$60 (make check payable to UCCS)
- Transcripts: 2 official copies of **ALL** college course work sent directly to us from the school. No faxed or student copies will be accepted.  
Undergraduate GPA of 3.0 and graduate GPA of 3.3 is required.
- Documentation of Required Graduate Course Work (Inferential Statistics, Nursing Theory, Health Care Policy and Advanced Nursing Research)
- Documentation of National NP or CNS certification
- Copy of RN unencumbered license (from the state in which you are licensed to practice)
- Recommendation letters (3 required) from professionals or nursing educators.
- Curriculum vitae
- Application essay
- Official** documentation of MMR series or titer that shows immunity to all three diseases (not required if born <1957), HepB series or titer showing immunity, current annual TB test or normal chest X-ray, current Tetanus vaccination, 2 Varicella vaccinations or titer showing immunity, current CPR certification, Health Insurance, and current Malpractice Insurance

The GRE test is NOT required for admission to Beth-El College of Nursing & Health Sciences

Send all materials to:

**UCCS  
Beth-El College  
1420 Austin Bluffs Parkway  
Colorado Springs, CO 80918  
Attn: Bethany Miller**

Once all items have been received, your packet will be sent to the Admission Committee for decision and you will be notified by letter. Final admissions will be contingent on a criminal background check at cost to student. If admission is approved, background check information will follow.

If you have questions regarding requirements, please call:

Bethany Miller  
DNP Program Assistant  
(719) 255-4354 or 1-800-990-8227 (x4354)  
[bmiller2@uccs.edu](mailto:bmiller2@uccs.edu)

## **Doctorate of Nursing Practice (DNP)**

The Doctorate of Nursing Practice (DNP) is the terminal degree in advanced nursing practice. The post-master's DNP program at Beth-El College of Nursing and Health Sciences at the University of Colorado at Colorado Springs enrolls master's prepared Nurse Practitioners (NP) and Clinical Nurse Specialists (CNS) who have obtained national certification. The Beth-El College DNP curriculum is guided by the *Essentials of Doctoral Education for Advanced Nursing Practice* as endorsed by the American Association of Colleges of Nursing (AACN) and the Commission of Collegiate Nursing Education (CCNE) in October 2006. The degree prepares advanced practice nurses for the highest level of nursing practice and leadership in a variety of health care settings.

The DNP program will undergo accreditation by the Commission on Collegiate Nursing Education (CCNE) in 2010.

### **\*PLEASE NOTE:**

Students participating in the Doctorate of Nursing Practice (DNP) program at Beth-El College of Nursing & Health Sciences at the University of Colorado at Colorado Springs should be prepared to expend a minimum of 30-40 hours a week on readings, coursework, online activities, and assignments.

### **Post-Master of Science in Nursing Level Admission Requirements:**

- Active unencumbered RN license in State of Practice
- Master of Science Degree in Nursing from an accredited (CCNE/NLN) program
- Undergraduate Cumulative; GPA: 3.0; Graduate Cumulative GPA 3.3
- National Certification as NP or CNS, or CNS portfolio reflecting expertise
- Two copies of official transcripts from all colleges or universities attended
- Submission of three letters of reference (professionals or nursing educators)
- Curriculum vitae and completion of application essay
- Interview in either person or by phone.
- Completion of the UCCS Beth-El College of Nursing and HS application, Part I and II, and application fees

-In addition to MSN and National Certification as APN, applicants must have the following courses or equivalents for full admission. Courses may be taken prior to admission via Extended Studies offerings if not previously awarded.

N610 Nursing Theory and Philosophical Foundations  
N611 Health Care Policy and Advanced Practice Nursing  
N612 Advanced Nursing Research  
Graduate Level Inferential Statistics

Prerequisite graduate courses in nursing theory, research, policy and inferential statistics are indicated only if MSN programs were in deficit of these core courses.

The DNP admissions standards differ from the UCCS Graduate School admissions in that NP/CNS National Certification and RN license are required.

### **Post-Masters DNP Curriculum**

Prerequisites: NP or CNS Certification, N610, N611, N612, and graduate-level Inferential Statistics (3)

<b>Doctor of Nursing Practice Advanced Level Courses</b>
NURS 701 (3) Advanced Clinical & Holistic Health Care
NURS 703 (3) Advanced Health Care Policy, Ethics and Law
NURS 707 (3) Population Based Health Care for Improving the Nation's Health
NURS 708 (3) Clinical Nursing Scholarship for Evidenced- Based Practice
NURS 709 (3) Business, Finance and Entrepreneurship for Advanced Practice Nursing
NURS 710 (3) Organizational Systems Leadership and Quality Improvement
Clinical Elective Specialty Course (see list below)
Clinical Elective Specialty Course (see list below)
Clinical Elective Specialty Course (see list below)
NURS 800 (3) DNP Clinical Residency
NURS 801 (3) DNP Capstone Proposal
NURS 802 (3) DNP Capstone Project

\* **NURS 711 Inferential Statistics for Health Care Professionals** is offered for students who have not completed a graduate level course in Inferential Statistics. Students must complete this course *before* beginning the DNP program. Completion of this course does not guarantee entry into the DNP program.

**Clinical Specialty Courses (students must take a minimum of three from one category)**

<b>Holistic Nursing</b>	<b>Geriatric Nursing</b>	<b>Self-Defined</b>
NURS 648 Holistic Praxis: Therapies Energy Fields	NURS 622 Collaborative Health Mgt of Elderly	Transferable 3 credit Graduate level course in area of interest
NURS 643 Psychophysiology of Holistic Health	NURS 623 Physiological Problems of Aging	Transferable 3 credit Graduate level course in area of interest
NURS 647 Holistic-Praxis: Therapies of Imagination	NURS 660 Palliative Care in APN	Transferable 3 credit Graduate level course in area of interest

DNP students who wish to teach in an academic setting also have the opportunity to enhance their teaching skills with a Nursing Education Certificate offered **in addition to a clinical cognate**. Students interested in these courses should discuss this option with an advisor.

<b>Nursing Education Certificate</b>
NURS 619 Educational Measurement and Evaluation
NURS 620 Curriculum Development in Nursing
NURS 621 Transformational Teaching Strategies
NURS 771: Clinical Practicum in Nursing Education Or NURS 772: Classroom Practicum in Nursing Education

## Application for Graduate Admission Part 1

Thank you for your interest in the University of Colorado at Colorado Springs. We look forward to receiving your application.

**A few tips:** This form can be printed-out as it is and then filled in by hand, or you can tab through the form fields (which should be gray), type in the information on-screen, and then print after. In either case, a final printed copy with a signature in ink is necessary.

### Full Legal Name (do not use nicknames or initials):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names under which you were last registered or credentials might be submitted, if different from above:

\_\_\_\_\_

**Email Address (optional):** \_\_\_\_\_

### University Student Number:

\_\_\_\_\_

\_\_\_\_\_

### Addresses and telephone numbers (notify both Admissions and the department promptly if these change): Permanent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( \_\_\_\_\_ )

\_\_\_\_\_

### Mailing (if different from permanent):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( \_\_\_\_\_ )

\_\_\_\_\_

### Next of Kin:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( \_\_\_\_\_ )

\_\_\_\_\_

### Age, Birth Date, and Birthplace:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sex: Male  Female

**Ethnicity (for compliance with the 1964 Civil Rights Act):**

- African American or Black, not of Hispanic origin
  - American Indian or Alaskan Native
  - Asian or Pacific Islander
  - Hispanic, Chicano, Mexican American, or Latino
  - White, not of Hispanic origin
  - I do not wish to provide this information.
  - Multiracial-indicate other ethnic or racial terms that further or better describe your ethnic background.
- 

**Citizenship**

- U.S. Citizen
- Non-U.S. Citizen on Permanent Status - Country of citizenship \_\_\_\_\_
- Alien registration no. \_\_\_\_\_
- Date of issue \_\_\_\_\_
- Nonimmigrant on temporary status - Country of citizenship \_\_\_\_\_
- Type of visa you now hold or expect to obtain  Student (F-1)  Exchange Visitor (J-1)  None  
 Other (specify) \_\_\_\_\_

**For what major are you applying?** NURSING **Major Department Code:** NURS

Degree: DOCTORATE Special Field: NURSING PRACTICE

Check here if you are applying as a CATECS student

**Have you ever applied for graduate status at the University of Colorado?**  No  Yes  
When? \_\_\_\_\_

**At any other CU campus?**  No  Yes  
When? \_\_\_\_\_ What department? \_\_\_\_\_

**Are you enrolled in another graduate degree program at the University of Colorado?**  No  Yes  
What program, campus, and department? \_\_\_\_\_  
Do you plan to complete that program?  No  Yes

**Admission Type:**

- First time in a master's program
- Previously enrolled in a master's program
- First time in a doctoral program
- Previously enrolled in a doctoral program

**For which term are you applying?**

Fall 20\_\_ (begins late August)  Spring 20\_\_ (begins mid-January) **XX** Summer 2010 (begins late May)

List in chronological order all undergraduate and postbaccalaureate schools attended or being attended, including the University of Colorado; indicate whether semester (S) or quarter (Q) hours. **CALCULATE YOUR GRADE POINT AVERAGE.** Consider A as 4 points, B as 3, C as 2, D as 1, F as 0. (Your exact average will be calculated before final action is taken by the Graduate School.) Attach an additional sheet if necessary.

**Undergraduate List All**

School Name, City and State	Zip Code (required)	Dates of Attendance	Date and Degree Conferred	Overall Grade Point Average			Office use only	
				Hours	Points	Average		
1. _____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____	_____	_____

**Postbaccalaureate List All**

School Name, City and State	Zip Code (required)	Dates of Attendance	Date and Degree Conferred	Overall Grade Point Average			Office use only	
				Hours	Points	Average		
1. _____	_____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____	_____

GPA Undergraduate \_\_\_\_\_ GPA Postbaccalaureate \_\_\_\_\_

List Below all courses in progress including extension and correspondence courses:

School Name: \_\_\_\_\_

Course Title and Number	Credit Hours	Estimated Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Last attendance at University of Colorado (semester, year, school): \_\_\_\_\_

Have you ever received credit for any work done at the University of Colorado?  No  Yes

If yes, campus or locations: \_\_\_\_\_

Have you ever been convicted of a felony?  No  Yes (If Yes, attach an explanation.)

Are you or have you ever been in the Armed Forces of the United States?  No  Yes  
When? \_\_\_\_\_

I have read the instructions, and hereby certify that to the best of my knowledge the information furnished on this form is true and complete. I understand that if found to be otherwise, it is sufficient cause for refusal or dismissal.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**APPLICANT DO NOT WRITE BELOW THIS LINE**

- Admit Regular for \_\_\_\_\_ degree \_\_\_\_\_ major code
- Recommend admit provisional for \_\_\_\_\_ degree \_\_\_\_\_ major code
- Refuse Admission

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Department Officer

Department

Date



4. Has any nursing or other health care license held by you been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited or placed on probation in any state or territory of the United States?

Yes     No

5. Are you under investigation or is a disciplinary action pending against your nursing or other health care license in any state or territory of the United States?

Yes     No

6. Have you received notification from the Department of Health and Human Services, Office of the Inspector General, that you have been excluded from participation in Medicare, Medicaid and federal health care programs?

Yes     No

7. Have you been convicted, entered a plea of guilty, nolo contendere or no contest for any felony, misdemeanor, or petty offense? (The fact that a conviction may have been pardoned, expunged, dismissed, deferred, or that your civil rights have been restored does not mean that you answer "no", you should answer "yes").

Yes     No

8. Has any final judgment, settlement, or arbitration award for malpractice been paid by you or on your behalf?

Yes     No

9. Do you have any physical or mental disability which renders you unable to perform nursing services or duties with reasonable skill and safety and which may endanger the health and safety of person under your care?

Yes     No

For questions 10, 11, and 12, you may answer "no" if you have signed a contract with the State Board of Nursing's Impaired Professional Diversion Program known as the Colorado Nurse Health Program (CNHP). The CNHP is authorized to evaluate and monitor nursing licensees experiencing drug, alcohol, and psychological problems.

10. Are you now or have you been addicted to any controlled substance, a regular user of any controlled substance without a prescription or habitually intemperate in the use of intoxicating liquor?

Yes     No

11. Has your use of any controlled substance, habit forming drug, prescription medication, or alcohol resulted in a negative consequence for you? (For example, loss of employment, arrest for DUI/DWI, arrest for prescription fraud, health problems, etc.).

Yes     No

12. Have you been arrested for an alcohol or drug-related offense?

Yes     No

For advanced practice nurses:

13. Have your clinical privileges at any hospital or health care facility been denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or voluntarily relinquished?

Yes     No

14. Has your DEA registration been under investigation, denied, restricted, surrendered, voluntarily relinquished or expired or have you entered into a Memorandum of Understanding (MOU)?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

In accordance with sections 18-8-503 and 18-8-501 (2)(a)(1), C.R.S., false statements made herein are punishable by law. I state under the penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge. I understand that providing false information is grounds for denial, suspension or dismissal from the graduate nursing program.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant's Signature \_\_\_\_\_

SUPPLEMENT TO APPLICATION  
BETH-EL COLLEGE OF NURSING AND HEALTH SCIENCES  
UNIVERSITY OF COLORADO AT COLORADO SPRINGS

Name: \_\_\_\_\_

**Supplement to Graduate Application Part I**

**Clinical Specialty/Cognate Option** (you will be asked to elaborate on this choice in your essay):

Holistic Nursing

Geriatric Nursing

Self-Defined: \_\_\_\_\_

**Supplement to Graduate Application Part II**

On average, I work:

Part-time (10-25 hours per week)

Part-time (25-35 hours per week)

Full-time (35-45 hours per week)

Full-time (45-55 hours per week)

Full-time (55+ hours per week)

**Supplement to Graduate Application Part III**

**By signing below, I verify that I have read and understand the contents of the 2007/2008 Graduate Student Handbook. The link for the handbook is:**

**<http://www.uccs.edu/~bethel/MSNProgram/GradHdbkComplete080707FINAL.pdf>**

**I understand that the contents of this handbook and policies contained within it will guide my academic career at Beth-El College of Nursing and Health Sciences.**

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**Student Signature**

**Date**

BETH-EL COLLEGE OF NURSING AND HEALTH SCIENCES  
UNIVERSITY OF COLORADO AT COLORADO SPRINGS

REQUIRED MASTER OF SCIENCE COURSES

Applicant Name: \_\_\_\_\_

Please complete the following table indicating the required graduate level course work required for admission to the DNP program.

<b>COURSE</b>	<b>COURSE #</b>	<b>COURSE NAME</b>	<b>INSTITUTION</b>	<b>SEMESTER/ YEAR</b>
Inferential Stats				
Nursing Theory				
Health Care Policy				
Nursing Research				

1. If any or all of the content in a listed course was included in another course, a course description will be required.
2. Complete this form and return it with your application.



**Age, and Birth Date:**

Age           /      /       
            Month Day Year

**Indicate the term for which you are claiming in-state status:**

- Fall 20\_\_ (begins late August)     Spring 20\_\_ (begins mid-January)
- Summer 20\_\_ (begins late May)

1. Are you a citizen of the United States?  Yes     No    If not, are you a permanent resident?  Yes     No

2. List your most recent employers.

	Employer	City	State	From (Mo./Day/Yr.)	To (Mo./Day/Yr.)
#1	_____	_____	_____	____/____/____	____/____/____
#2	_____	_____	_____	____/____/____	____/____/____

3. Did you graduate from a Colorado high school?  Yes  No

Name of School \_\_\_\_\_ City \_\_\_\_\_

Date of Graduation (mo./yr.) \_\_\_\_/\_\_\_\_

4. List all institutions of higher education you have attended. Attach an additional page if necessary.

Names of Institutions of Higher Education (First Attended to Last)	City	State	From (Mo./Day/Yr.)	To (Mo./Day/Yr.)
_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____

5. Parent/guardian name, relationship, address, and employment

Name: \_\_\_\_\_ Relationship:  Parent     Guardian     Spouse

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Most Recent Employer:

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

For informational purposes, the phrase "your family" in the terms below designates your  
Parent Guardian

6. Dates of continuous physical residence in Colorado (mo./day/yr.)

YOU \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA YOUR FAMILY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA

7. Dates of absences from Colorado of more than two months in duration within the past two years (mo./day/yr.)

YOU \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA YOUR FAMILY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA

8. Dates of employment in Colorado (mo./day/yr.)

YOU \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA YOUR FAMILY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA

9. List exact years for which personal resident Colorado income tax returns were filed

YOU \_\_\_\_\_  NA YOUR FAMILY \_\_\_\_\_  NA

10. Dates of active duty military service (mo./day/yr.)

YOU \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA YOUR FAMILY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA

10a. Dates stationed in Colorado (mo./day/yr.)

YOU \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA YOUR FAMILY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA

11. Dates you/your family member have had a Colorado driver's license (mo./day/yr.)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA

Issue date of previous Colorado license, if applicable (mo/day/yr.)

YOU \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA

12. List exact years of Colorado motor vehicle registration

YOU \_\_\_\_\_  NA YOUR FAMILY \_\_\_\_\_  NA

13. Give state in which currently registered to vote

YOU \_\_\_\_\_  NA YOUR FAMILY \_\_\_\_\_  NA

Dates of Colorado voter registration (mo./day/yr.)

YOU \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA YOUR FAMILY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA

14. Dates of ownership of a home in Colorado that is your/your family member's primary residence (mo./day/yr.)

YOU \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA YOUR FAMILY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  NA

15. Are your parents separated or divorced? Yes No NA

**misrepresentation. I understand that if found to be otherwise, it is sufficient cause for refusal or dismissal and may result in legal action.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **DNP APPLICANT ESSAY INSTRUCTIONS**

Please take the time to write a brief narrative about yourself and why you want to enter a DNP program. Essential information would include your nursing background, accomplishments/challenges, and goals as a DNP student (please elaborate on your cognate choice). How do you plan to progress in the program and what lifestyle changes do you plan on making to be successful in the program?

Please limit your response to 1-2 word processing pages.

The applicant should complete all of Section I and the mailing instructions at the end of the form. One form should be given to each recommender.

**Section I. To be completed by the applicant**

---

Last (Family) Name                      First Name                      Middle                      Maiden Name (optional)

is applying for admission to a Graduate School of the University of Colorado and has listed you as a reference on his or her application for graduate work toward a **DNP in NURSING**.

**To the applicant:** Under the Family Educational Rights and Privacy Act of 1974, students who are admitted and who matriculate into the program to which they apply are given the right to inspect their records, including their letters of recommendation, unless they have waived their right to review. You have the option of (1) signing the following waiver or (2) declining to do so.

1. I expressly waive any rights I might have to access to this letter of recommendation under the Family Educational Rights and Privacy Act of 1974.

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

2. I do not agree to the waiver above.

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

**Section II. To the recommender:**

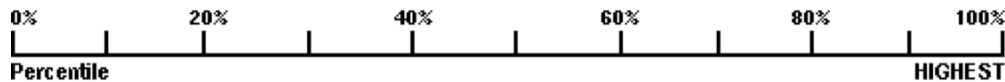
This form is intended solely for your convenience; its use is optional. Before you agree to submit a recommendation, whether on this form or on your own stationery, please review the reference to the federal law entitled the Family Educational Rights and Privacy Act of 1974 as presented above in our instructions "To the applicant".

We solicit your candid evaluation of the applicant's preparation for graduate study, range of abilities and accomplishments, and creative and intellectual promise. **On the back of this form, or on your own stationery, please summarize your opinion of (a) the quality of the applicant's academic or creative achievements, including material not apparent on the official transcripts; (b) the applicant's scholarly or creative potential and promise for advanced and original work; (c) those aspects of the applicant's personality and character significant to graduate study; and (d) the applicant's special skills and experience where demonstrated in an art, vocation, or profession.** We would appreciate knowing the extent of your contact with the applicant and any special opportunities you may have had to observe him or her.

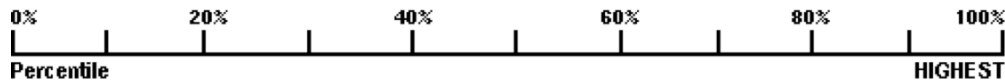
**Section III. Summary Evaluation**

Compared with the \_\_\_\_ (number) students you have known in the past \_\_\_\_ years in his or her field at approximately the same level of training, this student would rank as indicated on the scales below, when evaluated for:

a) Scholarly or creative achievement



b) Promise or probability of success



Note: The educational level of the representative group with whom the applicant is compared is:

- College Seniors                       Terminal-Year Graduate Students

- First-Year Graduate Students  
 Intermediate-Year Graduate Students

Other (specify) \_\_\_\_\_

Recommender's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name Printed or Typed \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_

**RECOMMENDER PLEASE  
RETURN THIS FORM TO**  
(To be completed by applicant):

**University of Colorado at Colorado Springs  
Beth-El College of Nursing- Graduate Nursing Dept.  
1420 Austin Bluffs Parkway  
Colorado Springs, CO 80918**

# University of Colorado at Colorado Springs

The applicant should complete all of Section I and the mailing instructions at the end of the form. One form should be given to each recommender.

## Section I. To be completed by the applicant

---

Last (Family) Name                      First Name                      Middle                      Maiden Name (optional)

is applying for admission to a Graduate School of the University of Colorado and has listed you as a reference on his or her application for graduate work toward a **DNP in NURSING**.

**To the applicant:** Under the Family Educational Rights and Privacy Act of 1974, students who are admitted and who matriculate into the program to which they apply are given the right to inspect their records, including their letters of recommendation, unless they have waived their right to review. You have the option of (1) signing the following waiver or (2) declining to do so.

1. I expressly waive any rights I might have to access to this letter of recommendation under the Family Educational Rights and Privacy Act of 1974.

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

2. I do not agree to the waiver above.

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

## Section II. To the recommender:

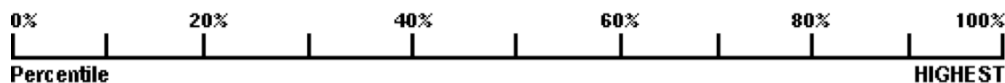
This form is intended solely for your convenience; its use is optional. Before you agree to submit a recommendation, whether on this form or on your own stationery, please review the reference to the federal law entitled the Family Educational Rights and Privacy Act of 1974 as presented above in our instructions "To the applicant".

We solicit your candid evaluation of the applicant's preparation for graduate study, range of abilities and accomplishments, and creative and intellectual promise. **On the back of this form, or on your own stationery, please summarize your opinion of (a) the quality of the applicant's academic or creative achievements, including material not apparent on the official transcripts; (b) the applicant's scholarly or creative potential and promise for advanced and original work; (c) those aspects of the applicant's personality and character significant to graduate study; and (d) the applicant's special skills and experience where demonstrated in an art, vocation, or profession.** We would appreciate knowing the extent of your contact with the applicant and any special opportunities you may have had to observe him or her.

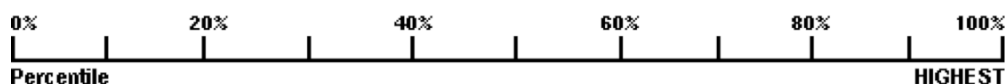
## Section III. Summary Evaluation

Compared with the \_\_\_\_ (number) students you have known in the past \_\_\_\_ years in his or her field at approximately the same level of training, this student would rank as indicated on the scales below, when evaluated for:

a) Scholarly or creative achievement



b) Promise or probability of success



Note: The educational level of the representative group with whom the applicant is compared is:

- College Seniors  
 First-Year Graduate Students  
 Intermediate-Year Graduate Students
- Terminal-Year Graduate Students  
 Other (specify) \_\_\_\_\_

Recommender's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name Printed or Typed \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_

**RECOMMENDER PLEASE  
RETURN THIS FORM TO**  
(To be completed by applicant):

**University of Colorado at Colorado Springs  
Beth-El College of Nursing- Graduate Nursing Dept.  
1420 Austin Bluffs Parkway  
Colorado Springs, CO 80918**

# THE GRADUATE SCHOOL REQUEST FOR RECOMMENDATION

## University of Colorado at Colorado Springs

The applicant should complete all of Section I and the mailing instructions at the end of the form. One form should be given to each recommender.

### Section I. To be completed by the applicant

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Last (Family) Name                      First Name                      Middle                      Maiden Name (optional)

is applying for admission to a Graduate School of the University of Colorado and has listed you as a reference on his or her application for graduate work toward a **DNP in NURSING**.

**To the applicant:** Under the Family Educational Rights and Privacy Act of 1974, students who are admitted and who matriculate into the program to which they apply are given the right to inspect their records, including their letters of recommendation, unless they have waived their right to review. You have the option of (1) signing the following waiver or (2) declining to do so.

1. I expressly waive any rights I might have to access to this letter of recommendation under the Family Educational Rights and Privacy Act of 1974.

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

2. I do not agree to the waiver above.

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

### Section II. To the recommender:

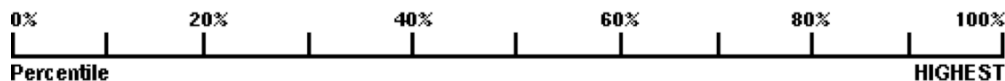
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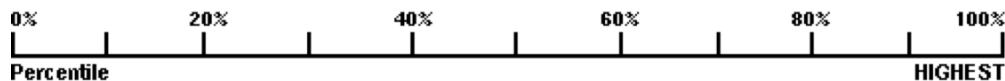
### Section III. Summary Evaluation

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a) Scholarly or creative achievement



b) Promise or probability of success







THE FOLLOWING ARE REQUIRED FOR ALL BETH-EL COLLEGE OF NURSING AND HEALTH SCIENCES DNP STUDENTS. ALL ITEMS ARE DUE AS PART OF THE APPLICATION PACKET. ADMISSION PACKET WILL NOT BE CONSIDERED COMPLETE UNTIL ALL ARE RECEIVED.

1. Colorado State law requires official proof of two (2) MMR vaccinations or written evidence of laboratory tests showing titers of all three diseases (measles, mumps, and rubella). This is not required if born before January 1, 1957. The student must also provide copies to the UCCS Student Health Center prior to registering for class. Failure to have this item on file with the Student Health Center can result in registration being blocked.
2. Proof of Hepatitis B series (3 vaccinations) or titer showing immunity.
3. Varicella series (2 vaccinations) or titer showing immunity.
4. Proof of current annual TB test or recent chest x-ray with explanation if unable to take test.
5. Proof of current Tetanus vaccination.
6. Proof of current CPR certification.
7. Proof of personal health insurance.
8. Proof of malpractice insurance with visible expiration date.

Send copies to:

UCCS  
Beth-El College  
1420 Austin Bluffs Parkway  
Colorado Springs, CO 80918  
Attn: Bethany Miller

Or Fax with cover sheet to:

(719) 255-4104, Attn: Bethany Miller

**Student Health Center info:**

**(719) 255-4444 phone**

**(719) 255-4446 fax**

