

# Family Nurse Practitioner Certificate Program APPLICATION



LA ROCHE  
UNIVERSITY

## Personal Information *(Please type or print.)*

Name \_\_\_\_\_  
*First Middle Last (Maiden)*

Address \_\_\_\_\_  
*Street County*

\_\_\_\_\_ *City State Country ZIP Code*

Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

List any accommodations you may require: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Academic History *(List all college-level academic work, regardless of whether a degree was earned.)*

Name of College	Undergraduate/Graduate	Dates Attended	Specific Degree Granted/Credits Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you believe your grades accurately reflect your academic ability?  Yes  No • If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## RN License

**MUST BE PA NURSING LICENSE**

State \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

# APPLICATION – Family Nurse Practitioner Certificate Program

## Admissions Materials (All materials should be submitted to the University at the same time as the application.)

- \_\_\_\_\_ Current Pennsylvania RN nursing license
- \_\_\_\_\_ BSN from an accredited program OR MSN entry program
- \_\_\_\_\_ MSN program
- \_\_\_\_\_ Application
- \_\_\_\_\_ All official transcripts
- \_\_\_\_\_ Current resume or CV
- \_\_\_\_\_ Essay of professional and academic goals
- \_\_\_\_\_ Two letters of reference
- \_\_\_\_\_ QPA of 3.0 or above

**Note: Official transcripts are transcripts received by La Roche University in a sealed, unopened envelope from the school in question.**

Your responses to the following questions are optional and do not affect your application. These informational questions will help the institution to better serve you. The data also will facilitate reports required by state and federal agencies.

Gender \_\_\_\_\_ Religion (Denomination/Rite) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Ethnicity: How would you describe yourself?

Hispanic of any origin (Spanish, Mexican, Puerto Rican, etc.):  Yes  No

Select one or more of the following:  White  Black or African American  Asian  
 American Indian/Alaska Native  Native Hawaiian/Pacific Islander

Veteran:  Yes  No If yes, will you seek benefits?  Yes  No

Marital Status:  Single  Married  Divorced  Widowed

### NON-DISCRIMINATION POLICY

La Roche University does not discriminate on the basis of race, religion, color, national origin, sex, disability, or age in its programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies: Vice President of Student Life & Dean of Students: 412-536-1069 | Coordinator of Accessibility & Compliance: 412-536-1177 | Associate Vice President of Human Resources: 412-536-1115

***I certify that the statements contained within this application are true to the best of my knowledge. I understand those credentials filed in support of this application become the property of La Roche University and are not returnable or transferable. (Falsifications or omissions on this application may be grounds for dismissal.)***

## Applicant's Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Please return all materials to:** LA ROCHE UNIVERSITY | Office of Graduate Studies & Adult Education | 9000 Babcock Boulevard, Pittsburgh, PA 15237 | 412-536-1260 | FAX 412-536-1283 | TOLL FREE 844-838-4578 | laroche.edu | graduateadmissions@laroche.edu

**La Roche University is an Equal Opportunity Education Institution.**