



Dear Prospective Doctor of Nursing Practice Student:

Thank you for your interest in the Post Master's Doctor of Nursing Practice (DNP) program at Spalding University. Attainment of the DNP degree gives those with commitment to clinical practice an opportunity to achieve the highest degree in nursing practice while focusing on a specific area of practice improvement. Graduates of the Spalding University Post Master's DNP Program will be prepared to synthesize scientific, theoretical, and policy data from a variety of sources to improve healthcare systems and health outcomes for individuals and populations while collaborating with other disciplines within the healthcare system while utilizing best-evidence practices.

The Post Master's DNP program is delivered in an attractive on-line format which is convenient for the working master's prepared nursing professional. The curriculum includes 5-7 hours of coursework per semester and can be completed in 6 semesters.

Admission requirements, necessary forms, reference requests and the curriculum are included further in the on-line application process. Be sure to access all areas for full explanation of the application process.

I appreciate your interest in pursuing this exciting opportunity to complete the terminal degree in nursing practice. The personal and career rewards following attainment of the Doctor of Nursing Practice (DNP) are innumerable, including those in academia, healthcare administration and practice!

For further information or any questions please feel free to contact me at [spaldingdnp@spalding.edu](mailto:spaldingdnp@spalding.edu).

Sincerely,

A handwritten signature in black ink that reads 'Pamela L. King'.

Pamela L. King, PhD, FNP, PNP, MSN, FAANP  
Director, Post Master's Doctor of Nursing Practice Program  
Kosair Charities College of Natural and Health Sciences  
Spalding University School of Nursing  
(502) 873-4292  
[pking@spalding.edu](mailto:pking@spalding.edu)



### **Spalding University Post Master's DNP - Minimum Requirements for Admission**

- A master's degree in nursing or equivalent (i.e. Master of Public Health) from an accredited program.
- A cumulative graduate GPA of 3.0 (4.0 scale).
- A current unencumbered RN license or privilege to practice in the state where practicum hours will be earned.
- A current resume or curriculum vitae.
- **Official** transcripts of all undergraduate and graduate study must be provided.
- Three letters of reference, one of which is preferably from faculty in applicant's previous program of graduate study.
- Documentation of clinical hours accrued during attainment of MSN (or equivalent) degree (see the *Post-Baccalaureate Verification of Clinical Hours Form*).
- Submission of an essay delineating understanding of the DNP role with a brief description of a proposed idea for an advanced practice nursing quality improvement project (500 word limit).
- A telephone or personal interview is not required, but may be requested.



## Post Master's Doctor of Nursing Practice Application Checklist

- Complete the online application to Spalding University at <https://www2.spalding.edu/apps/Bio-Form.asp>
- Complete the DNP application
- Forward **\*Official** transcripts from each school, college or university previously attended. (on-line transcripts should be sent to [admissions@spalding.edu](mailto:admissions@spalding.edu); hard copies should be sent to **Spalding University Admissions, 901 South Fourth Street, Louisville, KY 40203**)

*\*Official Transcripts are those sent directly to Spalding University from the issuing institution. Any transcript marked "issued to student" or any transcript that is hand delivered by the student is not considered an official transcript and will not be accepted.*

- Submit all supporting applicant documentation (listed below) in one packet directly to the DNP Program Director at [spaldingdnp@spalding.edu](mailto:spaldingdnp@spalding.edu) or fax (502) 233-8056.
  - **Make sure each document includes the applicant's name**
  - **Submit all materials together at one time in a packet and label as follows -  
Last Name>First Name>DNP Application > 2015 Class**
    - Essay – Delineating DNP role with DNP project idea (Limit 500 words)
    - Completed Recommendation form from a current or former academic faculty
    - Completed non-specific Recommendation Form
    - Completed non-specific Recommendation Form
    - Current RN License
    - Post Baccalaureate Verification of Practicum Hours Form
    - Driver's License or State Photo ID
    - Current Resume or Curriculum Vitae



School of Nursing

## Post Master's Doctor of Nursing Practice

### Recommendation Form

**APPLICANT:** Please complete information below. Forward one form to each recommender. Three recommendation forms are required for all applicants.

- 1) Current or former academic faculty
- 2) Non-specific recommender
- 3) Non-specific recommender

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right, if you enroll in the Spalding University School of Nursing, to review your educational records. The act provides that you may waive your right to see recommendations for admission. Please indicate your choice and sign your name.

- I waive any right that I may have to this recommendation form  
 I do not waive any right that I may have to the recommendation form

Applicant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **RECOMMENDER:**

The admission procedure for Spalding University School of Nursing requires applicants to gather individual recommendations.

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

Position or Title: \_\_\_\_\_

Institution/Agency Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

*Please check the box that best describes your relationship with the applicant*

- Faculty/instructor    Supervisor    Employer    other

If other, please explain: \_\_\_\_\_

**Please rate the applicant in the areas indicated below:**

Quality of Applicant	Poor	Fair	Good	Excellent	No opportunity to Evaluate
Intellectual Ability					
Analytical Ability					
Problem Solving Ability					
Ability or Promise as a Leader					
Oral Communication Skills					
Written Communication Skills					
Interpersonal Skills					
Motivation and Energy Level					
Organizational Ability					
Sense of Humor					
Emotional Maturity					
General Knowledge of Nursing					
Ability to Meet a Deadline					
Ability to Work with Others or Groups					
Commitment to Nursing					
Professional Integrity					

What do you consider to be the applicant's strengths?

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What do you consider to be the applicant's areas in need of growth?

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Please describe some activity or program in which the applicant was involved that illustrates his or her special abilities.

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Please provide any other information which will assist in evaluating the applicant's ability to successfully complete the graduate program.

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Please return this completed form to [spaldingnp@spalding.edu](mailto:spaldingnp@spalding.edu) or fax to 502-588-7175

**Thank you for completing the applicant's recommendation!**



School of Nursing

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School of Nursing

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School of Nursing

**Post Master's Doctor of Nursing Practice Program**

***Verification of Post Baccalaureate Practicum Hours***

**Post Master's DNP Applicants:**

Forward this form to the director of the MSN program from where you earned your degree verifying the total practicum hours accrued during the program of study.

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

I give permission for this information to be released to Spalding University School of Nursing

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

\*\*\*\*\*

Name of MSN granting University \_\_\_\_\_

Area of Concentration (FNP, PNP, CNS, Nsg Admin, etc.) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Program Contact Person \_\_\_\_\_

Date Degree Conferred \_\_\_\_\_

Date(s) of Attendance \_\_\_\_\_

Total number of practicum hours accrued \_\_\_\_\_

The signature below attests that the above individual completed the required program of study and the stated practicum hours accrued are accurate.

Program Director Name \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_