



FRANCES PAYNE BOLTON
SCHOOL OF NURSING

CASE WESTERN RESERVE
UNIVERSITY

APPLICATION INSTRUCTIONS

Post-Licensure Doctor of Nursing Practice Program with Portfolio

Deadlines for Application and Supporting Materials:	<ul style="list-style-type: none">• June 1st for Fall semester• October 1st for Spring semester• March 1st for Summer semester
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To complete the application process, please do the following:

<input type="checkbox"/>	<p>1. Complete the Miller Analogies Test (MAT) or Graduate Record Examination (GRE) and have official scores sent to Case Western Reserve University, Nursing Department.</p> <p>MAT: www.milleranalogies.com or 1-800-622-3231; in Cleveland, call Case 216-368-1030 or CSU 216-687-2272.</p> <p>GRE: www.gre.org; in Cleveland, call Case 216-368-1030.</p> <p>International applicants should take the Test of English as a Foreign Language (TOEFL).</p>
<input type="checkbox"/>	<p>2. Arrange for official transcripts from each post-secondary college/university/ school of nursing attended to be sent to the address at the end of this section</p>
<input type="checkbox"/>	<p>3. Arrange for 3 recommendations</p> <p>We prefer that you seek academic references – persons in a position to speak to your ability to complete doctoral work. Complete the waiver section at the top of each Recommendation Form. Provide each person with the form and a stamped CASE return envelope.</p>
<input type="checkbox"/>	<p>4. Complete DNP application form</p> <p>Please remember to sign your application!</p>

<input type="checkbox"/>	<p>5. Write an essay</p> <p>Respond in essay form to the 3 questions listed under Statement of Research Interest on the application. Each question should be answered in one typewritten or word-processed page or less.</p>
<input type="checkbox"/>	<p>6. Complete your professional portfolio (guidelines attached)</p> <p>Diploma/associate degree RNs who also have a non-nursing baccalaureate degree (but do not have a BSN degree) need to submit a professional portfolio. If your portfolio is approved and you are successful in the admission process, you will need to submit an \$800.00 fee prior to matriculation in the DNP program for the six upper division undergraduate prerequisite nursing courses that will be waived.</p>
<input type="checkbox"/>	<p>7. Provide the non-refundable \$75.00 application fee</p> <p>Your check/money order should be made payable to Case Western Reserve University.</p>
<input type="checkbox"/>	<p>8. Provide the non-refundable \$100.00 portfolio evaluation fee</p> <p>Your check/money order should be made payable to Case Western Reserve University (must be a separate check).</p>

Please mail all required credentials to the following address:

Donna Hassik
Case Western Reserve University
Frances Payne Bolton School of Nursing
Office of Student Services
10900 Euclid Avenue
Cleveland, Ohio 44106-4904

If you have questions:

Call 216-368-2529 or email us at admissionsfpb@case.edu.

All materials submitted become the property of the School of Nursing and cannot be returned to the applicant. Any information about race, ethnicity, gender, color, national origin, religion, age, marital status, physical or mental disabilities is confidential and not used as criteria for admission decisions.

Updated: 4/9/10

Professional Portfolio Guidelines

The following information should be assembled in a notebook or folder:

1. Vita including:
 - a. Formal education, degree(s) obtained and major, school attended dates
 - b. All nursing and other positions held
 - c. Any relevant CE programs/courses taken
 - d. Any published professional articles (in journals, hospital/agency publications, school newspaper, etc.) title, date, journal, page number, etc. Attach copies.
 - e. Presentations before staff, patient/family and other groups (including educational seminars presented to peers as part of job responsibilities) date, title, location
 - f. Honors/awards received
 - g. Membership in professional and other organizations – offices held, dates of membership
 - h. Community services: Names of organizations, description of activities
2. A formal paper divided into *seven* sections.

This paper is an essential aspect of the admission process and will be carefully evaluated in order to make a decision on your admission. Follow the guidelines carefully, speaking to all items. The paper will be evaluated for:

- Content
- Clarity of presentation
- Grammar, punctuation, etc

Section 1: A description of the theoretical basis and personal philosophy of your practice.

- This description may be eclectic, drawing on knowledge from behavioral, biologic and other theories, or may be based on a nursing model such as Orem, Roy, etc.
- Give *two* examples of application in practice

Section 2: A description of teaching and counseling aspects of your practice.

- Give three principles of teaching and describe how these have been applied using *three* examples of patient, family, or group teaching activities.
- Give three principles of counseling and describe how they have been applied in your work with patients/clients or staff, or groups. Give at least *three* examples.

Section 3: A description of collaborative activities, with all members of the health team.

- Define collaboration
- Describe how collaboration is applied in your practice using *three* examples

Section 4: A description of leadership and change.

- Define and describe leadership and change.
- Give *three* examples of how you have functioned as a leader in your position (you do not need to have had a “formal” leadership position, a staff nurse can be a leader).
- Describe inhibitors and facilitators of change. Describe how you have participated in change giving *two* examples.

Section 5: A description of research knowledge/activities.

- Describe content related to research that you have had in your nursing program and in your other collegiate programs. This can include courses in research or content related to reading and evaluating research that was incorporated into the courses such as sociology/biology, etc. Identify *one* example.
- Describe how you incorporate research findings into your practice, give *one* example.
- Describe any clinical research activities in which you have participated or which you have facilitated.

Section 6: How do you keep current with the rapidly advancing changes in medicine and health?

- Give two examples.
- Give two examples of how you use technology in your nursing practice.

Section 7: A description of public health nursing knowledge/activities.

- Define public health nursing
- Give one example describing how you have practiced population based health promotion disease prevention
- Describe primary, secondary, and tertiary prevention and give one example of each in your nursing practice.

CITIZENSHIP: (Check appropriate boxes and complete relevant information.)

<input type="checkbox"/> I am a U.S. Citizen		<input type="checkbox"/> I am not a U.S. Citizen		<input type="checkbox"/> I need a Student Visa	<input type="checkbox"/> Country of Citizenship _____
<input type="checkbox"/> I have a U.S. Permanent Resident Visa		Alien Registration Number: _____			
Country of Birth: _____		I am already in the U.S. and entered on _____ (date)			
Visa Type: <input type="checkbox"/> F <input type="checkbox"/> J <input type="checkbox"/> Other (specify): _____		My I-94 expires on _____ (date)			

EDUCATION*: (List in chronological order all colleges and universities attended, including schools of nursing.)

University/School, City/State	Dates Attended	Major	Degree	Graduation Date

*Arrange to have the Registrar of each institution send a transcript directly to the School of Nursing Office of Admissions. See address at the end of this application.

COURSES: (List below the courses that you are currently taking and courses you plan to complete prior to enrollment in the School of Nursing.)

University or College	Semester/Quarter & Year	Department Name	Course Number	Course Title	Credit Hours

LICENSURE INFORMATION: (Ohio licensure required prior to enrolling in clinical courses)

In which states are you currently licensed as a Registered Nurse?

STATE: _____ LICENSE NUMBER: _____

STATE: _____ LICENSE NUMBER: _____

If not licensed, when do you plan to take the State Board Examination (NCLEX-RN)? _____

Have you ever been convicted of a felony? Yes No

If yes, attach a description of the circumstances.

Please list the names of other schools of nursing to which you are applying:

REFERENCES: On the application instruction sheet, you are asked to submit references from three persons. Please list the name and position of each:

1. _____
2. _____
3. _____

TEST SCORES: (I have taken the following standardized tests.)

GRE General Date: _____ Verbal: _____ Quantitative: _____ Analytical: _____

MAT (Miller Analogies) Date: _____ Score: _____

Test of English as a Foreign Language (TOEFL) Date: _____ Score: _____

If you have not yet taken the test required for your program of study, when do you plan to take the test?

GRE Date: _____ MAT Date: _____ TOEFL Date: _____

Do you wish to apply for financial aid? Yes No

Have you ever applied to the Frances Payne Bolton School of Nursing before? Yes No

If yes, date: _____

How did you hear about our programs? _____

Attach to your application the following items:

1. **Resume**, which includes employment history, military service, community service, academic and professional awards, honors, fellowships, memberships, and publications.
2. **Statement of Research Interest:** Respond in essay form to the following questions. Each question should be answered in one word-processed or typewritten page or less.
 - a. Discuss your educational and professional goals, short and long term, and how the DNP program will help you reach these goals.
 - b. Discuss how you have helped to develop and disseminate knowledge in your past experience as a professional nurse.
 - c. Discuss the research focus that you would like to pursue for your DNP thesis work or Research Project and describe one researchable clinical problem in that focus area.

I hereby certify that the information I have provided in this application is accurate and complete. I understand that the misrepresentation or omission of facts is sufficient cause for denial or dismissal from the program if I am admitted.

Signature of Applicant: _____ **Date:** _____

All completed application materials should be returned to:

Case Western Reserve University Frances Payne Bolton School of Nursing Office of Student Services 10900 Euclid Avenue Cleveland, Ohio 44106-4904
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Recommendation Form: Doctor of Nursing Practice (DNP) Program

Section A: To be completed by the applicant

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to recommendations. The choice of the applicant regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.

- I do waive I do not waive my right to inspect the contents of the following recommendation.

Signed: _____ Date: _____

Name of Applicant: _____

Section B: Information for the person serving as the applicant's reference

Name: _____

Position: _____

Place of Employment: _____ Business Phone: _____

Length of time you have known applicant: From: _____ To: _____

Capacity in which you have known applicant (please check all that are applicable):

- | | |
|--|--|
| <input type="checkbox"/> Personally | <input type="checkbox"/> As a professional colleague |
| <input type="checkbox"/> As a student | <input type="checkbox"/> As an employee |
| <input type="checkbox"/> Only casually | <input type="checkbox"/> Other (please explain): _____ |

Place a check by one statement in each category that best represents this applicant.

1. Learning Skills

- Very slow to grasp subject/work requirements; memorizes with little understanding.
- Needs to exert extra effort to demonstrate minimal understanding of subject/work requirements.
- Is about average in understanding subject/work requirements.
- Quick to grasp subject/work requirements.
- Brilliant; one of 5% of persons who shine above all others in learning subject/work requirements.
- Not able to judge.

2. Intellectual Curiosity and Innovativeness

- A follower; accepts things as they are.
- Rarely asks meaningful questions or generates new ideas.
- Raises some questions and tries to set forth new ideas.
- Intellectually curious; frequently generates new ideas.
- Outstanding ability to generate new ideas; great intellectual curiosity.
- Not able to judge.

3. Written Communication Skills

- Unable to express ideas clearly in writing.
- Has some trouble with logical order and grammar/punctuation.
- Uses correct grammar and punctuation but has trouble with logical order.
- Expresses ideas logically and succinctly in writing most of the time.
- Outstanding in the written expression of ideas.
- Not able to judge.

4. Oral Communication Skills

- Inarticulate; ideas not presented clearly.
- Weak in oral skills including command of language and articulation.
- Articulates fairly well but order of ideas is not always logical.
- Good in articulating ideas clearly and logically.
- Very articulate; outstanding command of language.
- Not able to judge.

5. Self Management Skills

- Needs encouragement and structure to initiate and complete work.
- Initiates own activity but needs increased encouragement to complete work.
- Initiates own work but has difficulty accommodating feedback.
- Able to work independently while seeking and incorporating appropriate assistance; effectively accommodates feedback.
- Not able to judge.

6. Group Skills

- Never contributes toward group goals.
- Interferes with attainment of group goals.
- Has some difficulty as a member/leader of group.
- Often regarded as a constructive group member/leader by peers.
- Very effective as a leader/member in assisting group toward constructive goals.
- Not able to judge.

7. Reliability

- Neglects following through with obligations/appointments.
- Work is incomplete, carelessly done.
- Completes work carefully but with prodding.
- Meets obligations; independently most of the time.
- Thoroughly reliable; needs no supervision.
- Not able to judge.

8. Perseverance

- Gives up without trying.
- Becomes discouraged easily when working toward goals.
- Works on goals which are easily attainable but avoids difficult goals.
- Works toward most goals until achieved.
- Is always persistent in pursuing in all goals.
- Not able to judge.

9. Accountability

- Projects blame on others as reason for own actions.
- Gives excuses for own actions.
- In general accepts responsibility for own actions.
- Thoroughly accountable for own actions.
- Not able to judge.

10. Response to Stressful Situations

- Remains withdrawn, angry, confused, unrealistic, or depressed when under pressure.
- Has difficulty proceeding constructively.
- Tries to proceed constructively; occasionally is withdrawn or angry.
- Self-controlled, rarely loses temper or withdraws.
- Extremely well-balanced.
- Not able to judge.

11. Ability to Make Decisions

- Totally indecisive.
- Has difficulty analyzing problems and arriving at decisions.
- Analyzes a situation correctly but has difficulty deciding on a course of action.
- Generally competent in making decisions and taking action on them.
- Excellent in considering consequences of decisions and taking appropriate action.
- Not able to judge.

12. Toleration of Ambiguity

- Always requires excessive details of assignments/exams in order to meet supervisor/instructor assignments.
- Is uncomfortable in less structured situations; seeks guidance inappropriately.
- Attempts to function with less structure and seeks guidance appropriately.
- Usually can function comfortably in less structured situations.
- Functions very effectively and comfortably without a rigidly defined, externally imposed structure.
- Not able to judge.

My overall evaluation of this person as an applicant is:

- Strongly Recommend
- Recommend
- Recommend with Reservation
- Do Not Recommend
- Undecided

(Briefly explain any decision besides "Strongly Recommend.")

Other additional comments may be appended. Thank you.

Signature: _____ Date: _____

**Thank you for taking the time to complete this reference.
Please return to:**

Office of Admissions
 School of Nursing
 Case Western Reserve University
 10900 Euclid Avenue
 Cleveland, Ohio 44106-4904



Recommendation Form: Doctor of Nursing Practice (DNP) Program

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|--|--|
| <input type="checkbox"/> Personally | <input type="checkbox"/> As a professional colleague |
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- A follower; accepts things as they are.
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