

# Admissions Application

All programs

## Application Deadline

Please see specific application deadline information online at [www.ohsu.edu/son](http://www.ohsu.edu/son).

*OHSU School of Nursing only accepts applications submitted online unless specified on our Website at [www.ohsu.edu/son/academic/applynow.shtml](http://www.ohsu.edu/son/academic/applynow.shtml) or by special permission.*

Apply online at: [www.ohsu.edu/son](http://www.ohsu.edu/son)

### To Apply

Submit all application materials to:  
Oregon Health & Science University  
School of Nursing  
Office of Recruitment, Admissions and Progression  
3455 S.W. U.S. Veterans Hospital Road, SN-ADM  
Portland, Oregon, USA 97239-2941

### Questions?

OHSU School of Nursing  
Office of Recruitment, Admissions and Progression  
503 494-7725  
[proginfo@ohsu.edu](mailto:proginfo@ohsu.edu)

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for Nursing  
[www.ohsu.edu/son](http://www.ohsu.edu/son)



# Application Checklist

The applicant must submit the completed packet of application materials to the Office of Recruitment, Admissions and Progression. Your application will not be reviewed until the School of Nursing has received all materials. The packet you assemble should contain all supplemental application materials. If admitted you must be eligible for RN licensure in Oregon. **Carefully read the following instructions, double checking that all items below are included in your packet:**

## Bachelor of Science

- Submit a completed paper application form for OHSU's School of Nursing.
- Submit a \$120 application fee.
- Submit official college transcripts from each college or university you have attended.
- Submit completed Prerequisite Coursework Form.
- Have a minimum prerequisite GPA of 3.0.
- Submit the undergraduate application essay.

## Transfer Applicants to the B.S. program from a current non-consortium bachelor's nursing program must:

- Apply at least one full quarter before anticipated date of admission. Applicants are accepted on a space-available basis.
- Submit a completed paper application form for OHSU's School of Nursing.
- Submit a \$120 application fee.
- Submit official college transcripts from each college or university you have attended, including your present school of nursing. These transcripts must indicate that you have completed all the required prerequisite courses for the OCNE program.
- Submit a course catalog from the nursing institution of transfer so that course equivalencies can be assessed.
- Have a minimum prerequisite to nursing GPA of 3.0.
- Submit a letter of recommendation from the dean of your present accredited school of nursing which indicates that you are in good standing at the school of nursing.
- Submit a letter of explanation for the transfer.
- Submit the undergraduate application essay.

## Transfer Applicants to the B.S. program from a current consortium nursing program (Mt. Hood CC, RCC, UCC, LCC, SOCC, Clackamas CC) must:

- Apply at least one full quarter before anticipated date of admission. Applicants are accepted on a space-available basis.
- Submit a completed paper application form for OHSU's School of Nursing.
- Submit a \$120 application fee.
- Submit official college transcripts from each college or university you have attended, including your present school of nursing. These transcripts must indicate that you have completed all the required prerequisite courses and requirements for the OCNE program.
- Submit a course catalog from the institution of transfer so that course equivalencies can be assessed.
- Have a minimum prerequisite to nursing GPA of 3.0.
- Submit a letter of recommendation from the dean of your present accredited school of nursing which indicates that you are in good standing at the school of nursing.
- Submit a letter of explanation for the transfer.
- Submit the undergraduate application essay.

## Accelerated Bachelor of Science

- Submit a completed paper application form for OHSU's School of Nursing.
- Submit a \$120 application fee.
- Submit official college transcripts from each college or university you have attended.
- Submit completed Prerequisite Coursework Form.
- Have a minimum cumulative GPA of 3.0.
- Submit the undergraduate application essay.

## Bachelor of Science for current RNs

- Submit a completed paper application form for OHSU's School of Nursing.
- Submit a \$120 application fee.
- Submit official college transcripts from each college or university you have attended.
- Submit a copy of your Oregon RN license.
- Submit completed Prerequisite Coursework Form.
- Have a minimum cumulative GPA of 3.0.
- Submit the undergraduate application essay.

## Accelerated Bachelor of Science to Master's (Certified Nurse Midwifery and Psychiatric Mental Health Nurse Practitioner only)

- Submit a completed paper application form for OHSU's School of Nursing.
- Submit a \$120 application fee.
- Submit official college transcripts from each college or university you have attended.
- Submit completed Prerequisite Coursework Form.
- Have a minimum cumulative GPA of 3.0.
- Submit three letters of reference in sealed envelopes on the reference form provided. Please submit references from the following: employer, instructor, and colleague or other.
- Submit an official copy of your Graduate Record Examination (GRE) scores. The scores must be sent directly from the Educational Testing Service to OHSU and upon arrival will be matched with your application. Plan to take the GRE at least 4-6 weeks prior to the application deadline.
- Submit a professional résumé or curriculum vitae.
- Submit the master's and postmaster's application essays.

## Graduate Certificate, Master's and Postmaster's

- Submit a completed paper application form for OHSU's School of Nursing.
- Submit a \$120 application fee.
- Submit official college transcripts from each college or university you have attended. Postmaster's applicants need only submit their MSN or MN transcript.
- Submit three letters of reference in sealed envelopes on the reference form provided. Please submit references from the following: employer, instructor, and colleague or other.
- Submit a copy of your current RN license. (MPH and GCPH applicants are excluded.)
- Submit an official copy of your Graduate Record Examination (GRE) scores. The scores must be sent directly from the Educational Testing Service to OHSU and upon arrival will be matched with your application. Plan to take the GRE at least 4-6 weeks prior to the application deadline. Postmaster's Certificate and GCPH applicants are not required to submit GRE scores.
- Submit a professional résumé or curriculum vitae.
- Submit the master's and postmaster's application essays.

## PhD & DNP

- Submit a completed paper application form for OHSU's School of Nursing.
- Submit a \$120 application fee.
- Submit official college transcripts from each college or university you have attended.
- Submit three letters of reference in sealed envelopes on the reference form provided. Please submit references from the following: employer, instructor, and colleague or other.
- Submit a copy of your current RN license.
- Submit an official copy of your Graduate Record Examination (GRE) scores. The scores must be sent directly from the Educational Testing Service to OHSU and upon arrival will be matched with your application. Plan to take the GRE at least 4-6 weeks prior to the application deadline. Postmaster's DNP applicants are not required to submit GRE scores.
- Submit a professional résumé or curriculum vitae.
- Submit the Ph.D. or DNP application essays.
- Submit an example of scholarly writing (in English).
- DOCTORAL APPLICANTS FROM A WICHE STATE: request in writing if you wish to be considered for the Western Regional Graduate Program. WRGP applicants may be eligible for Oregon in-state tuition rates.

## International Applicants

- In addition to the requirements for the program to which you are applying (see above), please include the following in your application packet:
  - Official TOEFL Score.
  - Official TSE Score.
  - Official TWE Score.
  - Official course-by-course transcript evaluation for all foreign transcripts by WES or equivalent agency.
  - Official credential evaluation by CGFNS or equivalent agency.



## Test Scores

Graduate Record Examination (*graduate applicants only, not postmasters applicants*): When and where the GRE was or will be taken:

Place \_\_\_\_\_ Date \_\_\_\_\_

Scores: Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical Writing \_\_\_\_\_

## Licensure and Certification

Oregon Licensure Exam, NCLEX (*graduate applicants only*):

Date the NCLEX was or will be taken: \_\_\_\_\_

Advanced Practice Nursing Certification (*postmaster's DNP applicants only*): Expiration date: \_\_\_\_\_

Indicate Current Specialty:  Nurse Midwife  Nurse Practitioner, specialty: \_\_\_\_\_

Nurse Anesthetist  Clinical Nurse Specialist, specialty: \_\_\_\_\_

## Education

Beginning with the most recent, list all colleges and universities attended :

Name of Institution	State	Dates Attended	Cert/Degree	Date Granted/Anticipated
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Statistics Requirement (*graduate applicants only*)

Complete the following information regarding statistics course(s) taken within the last 5 years, or indicate when and where statistics will be taken prior to admission (statistics requirement does not apply to PMCO applicants):

Course Number	College/University	Term	Year
_____	_____	_____	_____

**Graduate** students must have successfully passed a statistics course with a grade of "B" or better within five years prior to admission. If this requirement has not been met, the student will be required to take a statistics course (graduate or undergraduate) prior to the first quarter of the nursing program. The statistics course will not count toward the degree requirements in the student's program of study. MPH students need only complete a statistics course with a "C" or better, with no time limit on this course.

## Employment

Please indicate your current place of employment.

Employer	Dates of Employment	City/State	Position/Description
_____	_____	_____	_____

## International Applicant Information (*international applicants only*)

Test Scores:

Date TOFEL was taken or will be taken: \_\_\_\_\_ TOFEL Score (indicate paper, computer, or internet based test): \_\_\_\_\_

Date TSE was taken or will be taken: \_\_\_\_\_ TSE Score: \_\_\_\_\_

Date TWE was taken or will be taken: \_\_\_\_\_ TWE Score: \_\_\_\_\_

Oregon Licensure:

Do you have your Oregon Nursing License?  Yes  No

If NO, when do you plan to obtain an Oregon Nursing License? \_\_\_\_\_

*(Depending on your program of interest, you must have a full Oregon nursing license. This requires that you have passed the State Board of Nursing NCLEX exam. OHSU School of Nursing recommends that international students prepare for the NCLEX by taking the CGFNS (Commission of Graduates of Foreign Nursing Schools) exam in your home country.)*

### Transcript Evaluation (*International applicants only*):

All transcripts need to be evaluated in English by one of the following transcript evaluation services.

Organization	Services Offered	Turn Around Time
World Education Services, Inc. P.O. Box 745 Old Chelsea Station New York, NY 10113-0745 (212) 966-6311 E-Mail: <a href="mailto:info@wes.org">info@wes.org</a> <a href="http://www.wes.org">www.wes.org</a>	-Document-by-Document Report -Course-by-Course Report	4 Weeks
CGFNS Credential Evaluation Service 3600 Market Street, Suite 400 Philadelphia, PA 19104-2651 (215) 222-8454 Fax: (215) 662-0425 <a href="http://www.cgfns.org">www.cgfns.org</a>	-General Report (Credential Evaluation) -Nursing & Science Course-by-Course Report -Full Nursing Education Course-by-Course Report	5-7 Weeks
Foundation for International Services, Inc. 19015 North Creek Parkway, Suite 103 Bothell, WA 98011-8029 (425) 487-2245 Fax: (425) 487-1989	-Course-by-Course Evaluation	8 Weeks or a 2 week Emergency Evaluation

## Criminal Background

Have you ever been arrested for, charged with, or convicted of a misdemeanor or felony? Yes No *Note: Diversion will show up on a background check.*

Have you ever been found guilty except for insanity, mental disease, defect, etc., in any proceedings in which you were charged with a misdemeanor or felony? Yes No

Have you ever been dismissed from employment for cause? Yes No

Have you ever been dismissed from any college or university, including nursing school? Yes No

If 'yes' to any of the above history questions, please indicate the crime or dismissal involved, any sentence imposed, and the year(s), state and country in which the legal proceedings took place: \_\_\_\_\_

Should the answer to any of the above questions become 'yes' between submission of this application and an accepted applicant's enrollment at OHSU, the individual must inform the dean of the school before enrollment.

## Voluntary Information

In our effort to comply with federal grant requirements and data surveys, we are asking for your cooperation in completing the following supplemental information.

In your estimation, do you believe you are from a disadvantaged background (see definition below)?  Yes  No

*Definition: Please note that the definition of "disadvantaged background" includes both economic and educational factors that are or were barriers to an individual's participation in a health professions program. Specifically, it refers to an individual who: a) comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; or b) comes from a family with an annual income below a level based on low-income thresholds according to family size, published by the U.S. Bureau of the Census, and adjusted annually for changes in the Consumer Price Index.*

In your estimation, do you now, or have you ever lived in a medically underserved community?  Yes  No

*Please note that "medically underserved community" refers to an urban or rural area or population groups that lacked or lacks adequate health care services. This question is aimed at ascertaining the environment in which you grew up or in which you currently live, as opposed to the setting in which you may work.*

## Applicant Signature

### \*Social Security Number Disclosure and Consent Statement

You are requested to voluntarily provide your Social Security Number to assist Oregon University System OHSU (and organizations conducting studies for or on behalf of OHSU) in developing, validating, or administering predictive tests; administering student aid programs; improving instruction; internal identification of students; collection of student debts; or comparing student educational experiences with subsequent workforce experiences. OHSU will disclose your Social Security Number only if the studies are conducted in a manner that does not permit personal identification of you by individuals other than representatives of OHSU (or the organization conducting the study for OHSU) and only if the information is destroyed when no longer needed for the purposes for which the study was conducted. By providing your Social Security Number, you are consenting to the uses identified above. This request is made pursuant to ORS 353.050 and chapter 162, OR laws 1995. Provision of your Social Security Number and consent to its use is not required and if you choose not to do so you will not be denied any right, benefit, or privilege provided by law. You may revoke your consent for the use of your Social Security Number at any time by writing to: Registrar's Office, L109A, Oregon Health Sciences University, 3181 S.W. Sam Jackson Park Road, Portland, OR 97239-3098.

I certify that the information is true and that this application has been completed without evasion or misrepresentation. If it is found to be otherwise, I understand it is cause for refusal or dismissal.

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

**Application must be accompanied by a \$120 non-refundable fee made payable to OHSU.**

# Professional and Life Experience

Please answer each numbered category on a separate piece of paper with your name at the top of each page. Number each answer page in consecutive order. Only answer the questions for the program to which you are applying.

Note: All information must be typed.

## I. Undergraduate (Bachelor of Science/ Bachelor of Science for RNs)

1. Statement of Purpose: Your one-page statement of purpose needs to express what draws you to nursing, what you think the role of a nurse is and what your goals as a nurse will be. In addition, the following points should be included as they relate to your desire to become a nurse:
  - Relevant community volunteer experience
  - Any cross-cultural experience you've had and/or languages you speak
  - Relevant examples of educational or social obstacles/barriers you've overcomeYour statement of purpose represents you in terms of your written communication skills, so please be sure it is clear and well organized. (Please keep formatting very simple.)

## II. Master's/Postmaster's

1. Statement of Purpose: Refer to specific information about the specialty area of your interest for specific areas to discuss: your rationale for selecting the graduate program and specialty area for which you are applying, your understanding of the advanced practice nursing role the specialty would prepare you for (where applicable), what you hope to derive from the program, your particular area of interest and concern, and your aspirations following graduation including career goals and plans. Please limit to two pages and keep formatting simple.
2. Functional Role Experiences: Describe your relevant past work and experience in the roles of practice, teaching and administration. Include evidence of certification, innovations, organizational responsibilities and independent roles. (one page)
3. Leadership Experience: Describe elected and appointed positions in professional, political, student or community organizations. Discuss your performance as a change agent in an organization. (one page)
4. Other Experiences: Describe any significant life experiences that have contributed to your choice in pursuing graduate education such as cross-cultural experiences and community involvement. (one page)

## III. PhD

1. Statement of Purpose: A key element of the admission decision for the doctoral program is based on a match between the student's research interest and our faculty's research. Please describe your research interest and explain how you became interested in your topic. Also, please describe your career goals. Please limit to two pages. (Please keep formatting very simple.)
2. Indicate which members of our faculty you have discussed your research interest with and obtained agreement from to serve as your initial advisor if admitted.
3. Are you interested in being considered for one of the scholarships below?
  - For applicants who have or will have a baccalaureate degree in nursing prior to enrolling (master's prepared nurses are not eligible): Hartford Post-Baccalaureate Scholarship
  - Graduate Partnership Program
  - Other funding opportunities (you will be contacted if you are eligible for other available funding)

## IV. DNP

1. Statement of Purpose: Discuss your rationale for selecting the DNP program, your specialty area, your understanding of what the DNP would prepare you for, what you hope to derive from the program, your particular area of interest and concern, and your aspirations following graduation including career goals and plans (limit to two pages).
2. Functional Role Experiences: Describe experience in the roles of practice, teaching and research in your current RN/APN role. Include evidence of certifications, innovations, organizational responsibilities and independent roles.
3. Leadership Experience: Describe elected and appointed positions in professional, political, student or community organizations. Discuss your performance as a change agent in an organization.
4. Other Experiences: Describe any significant life experiences that have contributed to your choice in pursuing doctoral nursing education, such as cross-cultural experiences and community involvement.

## Scholarship Application

OHSU School of Nursing Administered Scholarships

### Priority application deadline: February 15 (except for RNBS program for current RNs)

School of Nursing scholarships are awarded using information provided on this application. Scholarship awards are typically awarded one month after decision letters for your program have been sent out for the following academic year. Students will not be considered for scholarship awards unless they complete this application form and essay. Students must be admitted and in good academic standing in order to be considered for a scholarship.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 County \_\_\_\_\_ International Status \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ State of Residency \_\_\_\_\_

### Academic Information

**Student Status:**  New OHSU Student  Current OHSU Student  
**Campus (check one):**  Ashland  Klamath Falls  La Grande  Monmouth  Portland  
**New Students Only:** Cumulative GPA: \_\_\_\_\_ GRE Scores: Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_

Current OHSU Students Only: Cumulative Nursing GPA: \_\_\_\_\_ GRE Scores: Verbal \_\_\_\_\_  
 Quantitative \_\_\_\_\_ Year entered: \_\_\_\_\_ Expected credit load for the year: \_\_\_\_\_  
 Expected Graduation date: \_\_\_\_\_

### Academic Program (check all that you applied to this year):

#### Undergraduate

<input type="checkbox"/> B.S. major in Nursing (OCNE)	<input type="checkbox"/> B.S. for current Registered Nurses (RNBS)	<input type="checkbox"/> Accelerated B.S. major in Nursing (ABS)	<input type="checkbox"/> Community College Transition Student (OCNE)
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#### Master/PMCO

<input type="checkbox"/> Accelerated B.S. to Master's (ABM) <input type="checkbox"/> Nurse Anesthesia <input type="checkbox"/> Family Nurse Practitioner <input type="checkbox"/> Nurse Midwifery	<input type="checkbox"/> Nursing Education with an emphasis in Community Health Nursing <input type="checkbox"/> Nursing Education with an emphasis in Gerontological Nursing	<input type="checkbox"/> Master of Public Health online <input type="checkbox"/> Psychiatric Mental Health Nurse Practitioner <input type="checkbox"/> PMCO Nursing Education <input type="checkbox"/> PMCO other:
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#### Doctoral

<input type="checkbox"/> Doctor of Nursing Practice (DNP)	<input type="checkbox"/> Ph.D. in Nursing
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## Ethnicity and Race

To help the university comply with a commitment to the U.S. Department of Health, Education and Welfare, you are urged to identify your ethnic background and gender. You may decline to do so without prejudicing the action taken on your application; however, it may mean you are not eligible for some scholarships that are intended to benefit identified groups.

### Please check one ethnicity/race:

Hispanic      Asian or Pacific Islander      Non-Hispanic Black      American Indian or Alaskan Native  
Non-Hispanic White      Other: \_\_\_\_\_

**Please check one gender:**      Male      Female

## Practice Area of Focus

### Please check all that apply if you are interested in:

Pediatric Nursing      Adolescent Nursing      Adult Nursing      Geriatric Nursing      Rural Health Nursing

## Other Personal Information

### Please check all that apply if you:

Guild Volunteer      Plan to practice in Rogue Valley      Attended public high school      RVMC employee

## Financial Need- FAFSA Information

Scholarship applicants are strongly encouraged to apply for the Free Application for Federal Student Aid at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) for scholarship consideration. (Check One)

I have submitted my FAFSA materials to the OHSU School of Nursing. My Estimated Family Contribution is \$ \_\_\_\_\_  
I will file the FAFSA and submit my materials to the OHSU School of nursing by \_\_\_\_\_ (date).

Have you received a scholarship from SON in the past?     Yes       No

If yes, which one(s) and in what amount(s)?

Source or Name of Award	Amount	Year(s) Received
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## Scholarship Essay

Attach a one-page essay describing how a scholarship would help you obtain your educational and professional goals. Identify your goals and needs clearly. The essay is given strong consideration in the decision-making process.

## Letter of Thanks to the Donor(s)

If selected for a scholarship, I agree to write a thank you letter to the donor(s) upon receipt of the award and to attend a school-hosted recognition event with scholarship founders and recipients.

Initial \_\_\_\_\_ Date \_\_\_\_\_

## Signature

I certify that the above information is accurate to the best of my ability. I authorize the OHSU School of Nursing to release this scholarship application and its contents to the OHSU Foundation outside of the Scholarship Committee in order to determine my eligibility for scholarship.

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

## Return to:

OHSU School of Nursing, Office of Admissions, Mail Code SN-ADM, 3455 SW US Veterans Hospital Rd, Portland, OR 97239-2941

## Reference Form (graduate program applicants only)

Please submit three professional references from the following: employer, instructor, and colleague or other. Your references should be three people who can speak to your educational history, scholarly capabilities, clinical interests, and overall characteristics.

Applicant should complete the top portion of this form, then forward to the reference.

Full Name of Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

### Academic Program (check all that you applied to this year):

#### Graduate

- Accelerated BS to Master's (ABM); indicate specialty (PMHNP or CNM only): \_\_\_\_\_
- Nurse Anesthesia  Psychiatric Mental Health Nurse Practitioner
- Family Nurse Practitioner  Nursing Education with an emphasis in Community Health Nursing
- Nurse Midwifery  Nursing Education with an emphasis in Gerontological Nursing
- Master of Public Health online  PMCO; indicate specialty: \_\_\_\_\_
- Graduate Certificate in Public Health online

#### Doctoral

- DNP  PhD

### Reference Instructions

The above-named candidate is applying to the School of Nursing at Oregon Health & Science University. In addition to the application, we ask each candidate to supply professional references. Your cooperation in completing the questions below is valuable to us in considering this candidate for admission to our program. The School of Nursing will not release this reference to the applicant. If you would like to provide the applicant with a copy of this reference, please copy the form before submitting it in a sealed envelope. We appreciate your help in this process.

### I. How did you come to know the applicant?

- As an employer  As a colleague
- As an instructor  Other: \_\_\_\_\_

### II. How long have you known the applicant? \_\_\_\_\_

### III. Relative ratings of the applicant:

Please use your knowledge of the applicant to rate the characteristics listed below. In evaluating the applicant, please keep in mind the group (undergraduate students, graduate students, public health professional, practicing nurses, specific age group, etc.) to which you are comparing the applicant.

Comparison group: \_\_\_\_\_

Specific Characteristics	Very Low	Low	Good	Very Good	Outstanding	Exceptional	Unknown
Strength of interest/ commitment to nursing/ public health							
Motivation/ diligence							
Ability to get along with others							
Integrity							
Clinical/ professional competence							
Demonstration of leadership skills							
Ability to organize work activities							
Critical thinking/ analytic abilities							
Communication skills							
Creativity/ originality/ innovation							
Dedication to work with underserved populations							
Commitment to the community							

#### IV. Comments:

Please provide specific information about your experience with this individual with reference to his/her potential to succeed in a graduate program and/or the characteristics rated in Section III. Feel free to use the below space or attach your personal reference letter.

#### V. Are you willing to discuss the applicant's qualifications further?

- Yes  
 No

Name (please print): \_\_\_\_\_

Credentials: \_\_\_\_\_ Current rank, title or position: \_\_\_\_\_

Daytime phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

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

***Return the completed form to the applicant in a sealed envelope with your signature across the envelope flap.  
Or mail directly to: Oregon Health & Science University School of Nursing, Office of Admissions SN-ADM,  
3455 SW US Veterans Hospital Road, Portland, OR 97239-2941***

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