Preliminary Post Master's Certificate Application

Name: _____ Semester Applying For: _____

Home Address: _____ Apt. #:_____

City: _____ State: _____ Zip Code: _____

Phone Number: _____Email: _____

Institute Received Master's Degree: _____

Degree Received (concentration/track):_____

Are you nationally certified? (circle): Yes No

If so, in what area: _____

Concentration in which you are interested (place X next to choice):

Family Nurse Practitioner_____ Adult/Gerontological Nurse Practitioner_____

Psychiatric Mental Health Nurse Practitioner_____

Advanced Holistic Nursing_____ Clinical Nurse Leader_____

Nursing Administration and Financial Leadership_____ Nurse Educator_____

_____ Date: _____
Applicant Signature

_____ Date: _____
NP or Concentration Coordinator Signature

_____ Date: _____
Assistant Dean for Graduate Practice Programs Signature

Mail a copy of all official academic transcripts, a current RN license, one (1) letter of recommendation, a statement of philosophy, a current CV, and the preliminary application to:

Florida Atlantic University
Christine E. Lynn College of Nursing
Attn: Dr. Joy Longo
777 Glades Rd. NU 84
Boca Raton, Fl. 33431