



Uniformed Services University of the Health Sciences
Graduate School of Nursing

4301 Jones Bridge Road
Bethesda, MD 20814-4712

Application for Admission Master of Science in Nursing Program

Applicant (Type in all information)

Demographic section containing fields for Date of Application, Date of Entry, Rank, Program Applying For (RNA, PMHNP, FNP, Post Masters, CNS), Last Name, First Name, Middle Name, Mailing Address, City, State, and Zip Code.

Home and Work information section containing fields for Home Phone, Home Email Address, Gender (Male/Female), Work Phone, and Work Email Address.

Branch of Service and License information section containing fields for Branch of Service (Army, Air Force, Navy, USPHS), U.S. Citizen status, State of Legal Residence, SSN, Date of Birth, Nursing License State, License Number, and whether license has been restricted or revoked.

Indicate Racial/Ethnic Background (For Profile Purposes Only – Response Optional) section with checkboxes for American Indian or Alaskan Native, Asian, Black/African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White, and Race/Ethnicity Unknown.

GRE information section containing the question 'Have you taken the Graduate Record Examination (GRE) within the past 5 years?' and fields for Yes/No, along with USU GRE School Code 5824 and Department Code 0610.

Date GRE Taken field and a note: 'Note: The GRE is usually taken within 5 years of application.'

Please have your GRE scores sent to:

Registrar, Graduate School of Nursing
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road
Building E, Room 1045
Bethesda, Maryland 20814-4712

Curriculum Vitae (Please include the following elements). Attach CV at the end of application.
• Deployment history and brief description of role(s)
• Work experience: include brief description of all positions
• Organizational activities (e.g. Quality improvement projects)
• Leadership, educational, and professional activities

REFERENCES: Three references are required.

Use this link for form required. [GSN Advanced Practice Recommendation Form.](#)

Please follow instructions on GSN Advanced Practice Recommendation Form for submitting to the GSN Registrar.

- Immediate supervisor.
- Another person in your chain of command.
- Advanced practice nurse working in the specialty area for which you are applying.

Please provide the following information concerning your references			
Name	Institution	Department	Date of Request

WRITING REQUIREMENT FOR MASTERS PROGRAM

DIRECTIONS: Select one of these topics below and develop a 750-word response using APA format to cite all references. Purdue Online Writing Lab with APA Guidelines: <http://owl.english.purdue.edu/owl/resource/560/01/> Attach written response to the end of the application.

1. Describe a clinical situation with ethical implications that you think has relevance to your future area of practice. Provide recommendations for responding to the situation based on your review of the literature.

OR

2. Describe a clinical or organizational problem that you have encountered in your practice setting. Provide recommendations for responding to the problem based on your review of the literature.

Privacy Act Statement: The information solicited in all Uniformed Services University of the Health Sciences application materials is governed by the Privacy Act. The following information is provided for your guidance:

1. The collection of information about applicants is authorized by Title 5 USC 301; Public Law 92-426; and Executive Order 9397.
2. The purpose of applicant records is to provide information upon which to base USUHS admissions decisions. Social Security Numbers are used to identify records and as a safeguard against error in compiling individual applicant's records.
3. Routine uses of this information will include, in addition to admission decisions, related research and statistical endeavors designed to improve the admissions process.
4. The submission of information is voluntary on the part of applicants. However, applicants should be aware that failure to complete certain sections of this form may delay processing and/or increase the probability of accidental mishandling of applications.

I have read and understand the instructions (including Privacy Act Statement). I certify that the information submitted in this application form is complete and correct to the best of my knowledge and I understand that any misrepresentation may be cause for denial of admission.

Signature: _____

Date: _____