

**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			
Date of Application	Date of Entry	Rank	Program Applying For RNA      FNP      CNS PMHNP      Post Masters
Last Name	Other Names Used (Maiden, etc.)	First Name	Middle Name
Mailing Address		City	State      Zip Code

Home Phone	Home Email Address	Gender Male Female
Work Phone	Work Email Address	

Branch of Service: Army Air Force Navy USPHS	U. S. Citizen      Yes      No	State of Legal Residence
	SSN (See Privacy Act Statement)	Date of Birth
	Nursing License State	License Number Has your license ever been restricted or revoked? Yes      No

### Indicate Racial/Ethnic Background (For Profile Purposes Only – Response Optional)

American Indian or Alaskan Native	Native Hawaiian or Other Pacific Islander
Asian (not of Hispanic origin)	White (not Hispanic origin)
Black/African American (not of Hispanic origin)	Race/Ethnicity Unknown
Hispanic or Latino	

Have you taken the Graduate Record Examination (GRE) within the past 5 years? USU GRE School Code <b>5824</b> Department Code <b>0610</b> Information on the GRE can be found at <a href="http://www.takethegre.com">http://www.takethegre.com</a>	Yes      No
Date GRE Taken	<i>Note: The GRE is usually taken within 5 years of application.</i>

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 the required GSN Advanced Practice Recommendation Form,  
<http://www.usuhs.edu/gsn/applications/MSNDNPREcommendationForm2013.pdf>

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: \_\_\_\_\_

Saving permissions of this document have been extended to Acrobat Reader users. This allows all users to save completed form with an electronic signature for e-mail submission to Terry Malavakis at [terry.malavakis@usuhs.edu](mailto:terry.malavakis@usuhs.edu).