



Georgia Baptist College of Nursing
of Mercer University

3001 Mercer University Drive
Atlanta, GA 30341

Application for Ph.D. in Nursing

APPLICATION FOR ADMISSION

Doctor of Philosophy in Nursing

Georgia Baptist College of Nursing of Mercer University

ADMISSION CRITERIA

1. Completion of a master's degree in nursing from a nationally accredited nursing program with a minimum cumulative grade point average of 3.2 on a 4.0 scale.
2. Satisfactory scores on the Graduate Record Examination (GRE) taken within the last 5 years.
3. Evidence of potential leadership and scholarship.
4. Unencumbered license to practice in a state or jurisdiction of the USA.
5. Preference may be given to applicants meeting one or more of the following criteria:
 - a. 3.5 cumulative grade point average in graduate coursework.
 - b. A score of 1000 on the verbal and quantitative section of the Graduate Record Examination with at least 5 on the Analytical Writing section.
 - c. Intent to pursue fulltime study.
 - d. Distinguished leadership or scholarship.
6. International applicants must meet additional requirements for admission, including a composite score of 80 on the TOEFL, with a minimum score of 18 in each subtest.

ADMISSION PROCESS

PHASE 1: All applicants must submit-

1. Completed application for the Doctor of Philosophy in Nursing Program; the application fee will be waived for Fall 2009 applicants. The following documents must be included with application:
 - a. Curriculum vita following specific guidelines included in the application packet.
 - b. Unencumbered license to practice in a state or jurisdiction of the USA
 - c. Sample of independent scholarly writing (e.g., thesis, article, paper).
2. Recommendations will be obtained electronically from the three individuals listed on the application. It is strongly suggested that one reference include a University faculty member. The two remaining references should be from instructors, administrators, or managers who have evaluated the applicant's professional practice.
3. Submission of one official transcript from each College/University attended. Transcripts must show evidence of successful completion of a basic statistics course and graduate nursing theory and research courses prior to enrollment.
4. Submission of Graduate Record Examination (GRE) scores taken within the last 5 years. Codes for submission of GRE scores are Mercer University - Atlanta: R5025; Nursing Department/Major Code: 0610.
5. International applicants must meet additional requirements for admission.
 - a. Official current score report for TOEFL.
 - b. Official evaluation of international transcripts from one of the approved international transcript evaluation services:
Josef Silny & Associates, Inc., www.silny.com | Educational Credentials Evaluators, www.ece.org | World Education Services, www.wes.org
[Note: Evaluations of international transcripts from CGFNS (Commission on Graduates of Foreign Nursing Schools) will not be accepted.]

PHASE 2:

1. Following review of materials received by the deadline date, selected applicants will be given the opportunity to proceed to phase two of the review process. These applicants will be contacted by email and asked to respond to a select set of questions/items. Applicants must send their response within the limited timeframe. Final materials will be reviewed by a select committee.
2. An in-person interview or telephone interview.

Applicants will be notified within three weeks from review of phase 2 materials.

DEADLINES – Please note that all documents must be received by the deadline

Fall Semester January 30: Priority deadline and international student deadline | February 28: Final deadline (based on space available)

HONOR CREED AND PLEDGE – All Applicants Must Sign

Adherence to the Honor System is an obligation that all students are expected to meet when they are accepted into this academic community. In selecting Georgia Baptist College of Nursing of Mercer University, I adopt the Honor System by the following creed: As a member of the Georgia Baptist College of Nursing of Mercer University community, I am bound by honor to develop and uphold the highest standards of honesty and integrity, to strive for full intellectual and moral developments; and to accept my personal and academic responsibilities in the community. To attain these ideals, I embrace this Honor System as my way of life.

In addition to living by the creed, I acknowledge that, as a student at the College of Nursing, I would be asked to pledge all quizzes, examinations, papers, projects, or lab work with the following pledge: On my honor, I pledge that I have neither given nor received help on this work, nor am I aware of violation on the part of others.

My signature indicates that I am providing the College with information that is factually correct, complete and honest in its presentation. With this application, I am requesting admission to Georgia Baptist College of Nursing of Mercer University on the basis of the terms listed above.

Signature of Applicant _____ Date _____

Printed Name _____

APPLICATION FOR ADMISSION

GEORGIA BAPTIST COLLEGE OF NURSING OF MERCER UNIVERSITY

3001 Mercer University Drive • Atlanta, GA 30341 • (678) 547-6700
E-mail: nursing@mercer.edu
nursing.mercer.edu

<i>Please type or print clearly</i>					PERSONAL INFORMATION				
DATE	EXPECTED TERM OF ENTRY <input type="checkbox"/> Fall 20__	PLAN TO ENROLL <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	SOCIAL SECURITY NUMBER						
LAST NAME		FIRST NAME		MAIDEN/MIDDLE/OTHER/FAMILY NAME					
EMAIL ADDRESS				Have you been registered under another name at another institution?					
PREFERRED MAILING ADDRESS (Number and Street)				COUNTY		PREFERRED TELEPHONE NUMBER ()			
CITY		STATE	ZIP	COUNTRY		OTHER TELEPHONE NUMBER ()			
PERMANENT MAILING ADDRESS (Number and Street)				COUNTY		WORK TELEPHONE NUMBER ()			
CITY		STATE	ZIP	COUNTRY					
DATE OF BIRTH			PLACE OF BIRTH			Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COUNTRY OF CITIZENSHIP			TYPE OF VISA		If permanent resident, provide Alien # Date Issued				
* The College of Nursing is required to report data on race/ethnic group and sex to certain federal and state agencies as those data relate to civil rights compliances. Ethnicity and Race are optional – for statistical data only.									
IS ENGLISH YOUR NATIVE LANGUAGE <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If not, please list language</small>		RELIGIOUS PREFERENCE/DENOMINATION (optional)		GENDER (optional) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		MARITAL STATUS (optional) <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE			
CHECK APPROPRIATE BOX <input type="checkbox"/> Hispanic Latino Origin <input type="checkbox"/> Not of Hispanic Origin			Select one or more boxes as appropriate for Race: <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White						
PERSON TO NOTIFY IN CASE OF EMERGENCY:		NAME		RELATIONSHIP		TELEPHONE ()			
STREET ADDRESS				CITY		STATE	ZIP		

EDUCATION				
LIST IN CHRONOLOGICAL ORDER ALL COLLEGES AND UNIVERSITIES EVER ATTENDED				
College or University	City / State	Dates Attended	Diploma / Degree	Date Received or Expected to Receive Diploma or Degree

TEST SCORES		
Have you taken the GRE? <input type="checkbox"/> YES <input type="checkbox"/> NO Date taken: _____ If yes, provide scores: Verbal____ Quant____ Analytical Writing____	If you have not taken the GRE, when do you plan to take it? Date: _____	Have you requested any international transcript evaluations be provided to support your application? <input type="checkbox"/> YES <input type="checkbox"/> NO
If you are an international student, have you taken the TOEFL? <input type="checkbox"/> YES <input type="checkbox"/> NO Date taken: _____ If yes, provide scores: Comp____ Rdg____ Writ____ Spkg____ List____	If you are an international student, and you have not taken the TOEFL, when do you plan to take it? Date: _____	

EMPLOYMENT HISTORY

PLEASE PROVIDE INFORMATION ABOUT YOUR MOST RECENT EMPLOYMENT LISTING MOST RECENT EMPLOYMENT FIRST

Place of Employment	City / State	Position/Title	Dates

PROFESSIONAL RECOMMENDATIONS

PLEASE LIST THE NAMES, TITLES, EMAIL AND POSTAL ADDRESS AND TELEPHONE NUMBER OF THREE INDIVIDUALS WHO CAN PROVIDE RECOMMENDATIONS;
PLEASE SELECT REFERENCES, BASED ON REQUIREMENTS NOTED UNDER "ADMISSION PROCESS" (SEE FIRST PAGE OF APPLICATION).

Name of Reference/Title	Institution	Telephone #	Email Address and Postal Address

LICENSURE

PLEASE LIST THE STATE(S) IN WHICH YOU ARE CURRENTLY LICENSED, WITH LICENSE NUMBER AND EXPIRATION DATE.

State	License Number	Expiration Date

How many years have you worked as a Registered Nurse?

OTHER INFORMATION

Where did you learn about Georgia Baptist College of Nursing of Mercer University? (Check all that apply)

- Advertising, Where? _____
 Campus Visit
 Co-worker
 Relative
 Alumni
 Church
 Friend
 Website
 Professor/Advisor
 Brochures
 College Fair / Admissions Rep.
 Open House
 Other _____

What was the single most important factor that influenced your decision to apply to Georgia Baptist College of Nursing?

CRIMINAL BACKGROUND CHECK AND DRUG SCREENING

The College of Nursing

Georgia Baptist College of Nursing of Mercer University does not require either a background check or drug screening for admission. Failure to be honest in the completion of the application question (below) regarding prior conviction may result in an honor code violation and could result in dismissal from the program.

Clinical Agencies

As a doctoral student, you may be required to provide a criminal background report and/or drug screening, at your own expense, if required by the clinical agency to which you are assigned, with results reported directly to the clinical agency, not Mercer University faculty or staff. If the clinical agency finds the results of the drug screening or criminal background check to be unacceptable, Georgia Baptist College of Nursing may not be able to provide further educational experiences, which could impede the student's progression and completion of the nursing degree.

Please respond to the following questions:

1. Have you ever been convicted of a violation of a federal, state, or municipal law, regulation or ordinance, other than a minor traffic violation? Yes No
2. Have you ever been in disciplinary difficulty while attending any college? Yes No

If you answered yes to either question, please provide a written explanation to be included with the application.

PREVIOUS DISCIPLINARY INFORMATION

Has any licensing board or agency in Georgia or any other state ever:

- (a) denied your application, for licensure, renewal or reinstatement? Yes No
(b) revoked, suspended, restricted or probated your license? Yes No
(c) requested or accepted surrender of your license? Yes No
(d) reprimanded, fined or disciplined you? Yes No

If "Yes", have you included a **certified copy** of that board or agency's action against your license with Relevant supporting documents in a **sealed envelope from the board or agency** with your application? Yes No

Have you included a personal, detailed notarized letter explaining each incident? Yes No

Provide the name of the agency or board in the space provided.

I certify that the information provided on this application is true, to the best of my knowledge, and I understand that omissions or misrepresentations may automatically invalidate consideration and/or acceptance to, or continuation, at the College of Nursing.

SIGNATURE
(X)

DATE