

Public Health Nursing/Occupational Health Nursing Application Supplement Form*

Application Supplement Instructions

Admission to Public Health Nursing/Occupational Health Nursing is limited; therefore we encourage you to begin the application process as soon as possible. We look forward to your application.

*Fieldwork is required in the program. If your fieldwork requires nursing interventions or directly influencing nursing interventions, you will need a valid RN license in the state you do your practicum. For North Carolina licensure information, please contact:

North Carolina Board of Nursing
PO Box 2129
Raleigh, NC 27602

NAME: _____
(Last, First, Middle/Maiden)

PROGRAM OF STUDY: (check only one)

On campus
 Distance Learning

Baccalaureate or Higher Degree Nursing Program:

(School Name and Address) (Date of Graduation) (Degree)

NLN Accredited? _____ Yes _____ No

If you have not received a baccalaureate in nursing, list the baccalaureate degree you have received: _____

R.N. Licensure:

State _____ Registration No. _____ Expiration Date _____

State _____ Registration No. _____ Expiration Date _____

Current RN licensure and malpractice insurance are required prior to enrollment.
Professional Malpractice Insurance:

(Name of Company) Expiration Date _____

In emergency, notify:

(Name and Address) Phone No. _____

List membership and any offices held in professional organizations:

If you believe your baccalaureate course grades or scores on the GRE do not reflect your academic ability, please comment:

How did you hear about the program?

Alumni _____

Brochure _____

Convention _____

Students _____

Faculty _____

Continuing Education Meeting _____

Advertisement _____

Where _____

Other _____

Specify _____