

**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 \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature Date: \_\_\_\_\_

\_\_\_\_\_  
NP or Concentration Coordinator Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Assistant Dean for Graduate Practice Programs Signature Date: \_\_\_\_\_

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  
Att: Valentine Etienne  
777 Glades Rd. NU 84  
Boca Raton, Fl. 33431