

**UNIVERSITY OF WISCONSIN-EAU CLAIRE
COLLEGE OF NURSING AND HEALTH SCIENCES
Department of Nursing
DNP Demographic Form (Post-Master's Option)**

1. Full Name: _____ Telephone: _____
[Please Print]

2. Home Street Address: _____

City, State, Zip: _____

E-mail: _____

3. Registered Nurse Licensure

Wisconsin, License number _____

OR U.S. Jurisdiction (State) _____ License number _____

4. Option MSN to DNP for APN's MSN to DNP for Nurse Executive

Note: Wisconsin License is required by no later than two weeks prior to the start of the first class, following admission to the nursing program.

5. a) Advanced Practice Nursing Certification or 550 Hours of Clinical Practicum in Master's program, **OR**

b) Nurse Executive Certification or 550 Hours of Clinical Practicum in Master's program

Certification (indicate below); For NP, CNS, CRNA, CNM, or Nurse Executive (e.g. NE-BC), national certification for the APN roles must be by a body approved by the Wisconsin State Board of Nursing

Photocopy of certification attached

Certification Credential	Specialty	Certifying Body/Organization	Expiration Date

OR

I had 550 hours of master's level clinical practicum as part of my program

6. Nursing Master's Program Information

Type of Nursing Master's Degree _____

Date of Nursing Master's Degree _____

Name of Degree-Granting Institution _____

Location: _____

City

State

Other Graduate Course Work _____

7. Baccalaureate in Nursing Program Information

Date of Baccalaureate Degree _____

Name of Degree-Granting Institution _____

Location: _____
City State

8. Completion of graduate level pharmacology course (not required for nursing administration)

Name of course _____

Location _____ Date _____

9. Completion of basic epidemiology content

Name of course or integrated into which courses:

Location _____ Date _____

10. Commuting Distance

- Local (Eau Claire Area)
- Outside Eau Claire but less than 50 miles
- 50 miles or more