

REQUEST FOR UNOFFICIAL EVALUATION OF PRIOR MSN COURSEWORK FOR NP AREAS

Please attach this form to your Master's transcript and mail or fax to:

Office of Admissions and Student Services ♦ UNC Chapel Hill School of Nursing
CB# 7460, 1200 Carrington Hall ♦ Chapel Hill, NC 27599-7460
(919) 966-4260 ♦ Fax (919) 966-3540

We will mail the evaluation to your address as listed below. Please provide an email address and phone number (home or work) where you can be reached in case we have questions. Thank you.

Date: _____

Name: (Mr./Ms.) _____

Phone: (H) _____

Address: _____

(W) _____

Email: _____

What specialty area are you seeking the Post-Master's Certificate? _____

What was your role preparation in your master's degree? (example: NP, CNS, Administration) _____

Are you currently nationally certified? _____ Yes _____ No

If yes, what specialty area are you certified in? _____

Are you certified as an NP, CNS, or both? _____

List the national certifying organization and dates of expiration for your certification _____

Are you currently practicing as an NP? _____ Yes _____ No

If yes, are you approved to practice in NC? _____ Yes _____ No

Are you approved to practice in another state? _____ (please list)

If you are not currently practicing, when is the last time you currently practiced in the role of a NP? _____