
APPLICATION FOR ADMISSION

MASTER OF SCIENCE IN ADVANCED CLINICAL PRACTICE

PLEASE READ BEFORE COMPLETING THE APPLICATION FOR ADMISSION

- The application should be typed or printed legibly in ink and completed in full
- The application should be emailed or mailed to the address listed below

Please have the following mailed directly from the institution to the NUHS Office of Admissions:

- ◆ Official transcript(s) from all first professional degree programs (DC, ND, etc.)
- ◆ Official transcript(s) from all baccalaureate degree granting institutions

Please include the following with the application:

- ◆ Copy of student / work visa(s) / permanent resident card (if not a U.S. citizen)
- ◆ A non-refundable application fee of \$55.00 (U.S. funds) as a check or money order

MAILING INSTRUCTIONS

Please email the completed application to admissions@nuhs.edu or mail to the following address:

Office of Admissions
National University of Health Sciences
200 East Roosevelt Road
Lombard, Illinois 60148

GENERAL INFORMATION

Which month and year do you plan on beginning the Master of Science program: January May September _____
Year

First Name (full) Middle Name Last Name (Maiden Name)

Present Address Apt. or Box #

City State/Province Zip/Postal Code Country

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Cell Phone Number Day or Evening Phone Number (if different than cell #)

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Email Address Fax Number

Social Security Number / Social Insurance Number

Are you a U.S. Citizen? Yes No If you are not a U.S. Citizen, what is your immigration status? _____

Emergency Contact Relationship to Applicant

Address Apt. or Box #

City State / Province Zip / Postal Code Country

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Primary Phone Number Secondary Phone Number

Email

Have you ever been:

A. Convicted of a misdemeanor? Yes No

Convicted of a felony? Yes No

Regardless of adjudication, convicted of, or entered a plea of guilty or nolo contendere to a felony? Yes No

B. The subject of disciplinary proceedings or reprimanded by an academic institution, administrative agency, hospital, or professional association? Yes No

C. Declined, canceled, or refused renewal for malpractice insurance? Yes No

Has your license to practice ever been revoked, suspended or subject to probation? Yes No

If **YES** was answered to any of the above questions, submit a written explanation.

ACADEMIC INFORMATION

Undergraduate, graduate, and professional degrees earned or pending

College / University attended (undergraduate or graduate degree) Dates Attended

Degree Earned: Yes No

City State / Province Country Degree Type

College / University attended (undergraduate or graduate degree) Dates Attended

Degree Earned: Yes No

City State / Province Country Degree Type

College / University attended (professional degree) Dates Attended

Degree Earned: Yes No

City State / Province Country Degree Type

College / University attended (professional degree) Dates Attended

Degree Earned: Yes No

City State / Province Country Degree Type

Summary of degree(s) earned or pending (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Associate _____ _____ / _____ _____ <small>Type (AA, AS...)</small> <small>Major (if applicable)</small> <small>Mo.</small> <small>Yr.</small> | <input type="checkbox"/> Bachelor _____ _____ / _____ _____ <small>Type (BA, BS...)</small> <small>Major (if applicable)</small> <small>Mo.</small> <small>Yr.</small> |
| <input type="checkbox"/> Master's _____ _____ / _____ _____ <small>Type (MA, MS...)</small> <small>Major (if applicable)</small> <small>Mo.</small> <small>Yr.</small> | <input type="checkbox"/> Doctorate _____ _____ / _____ _____ <small>Type (PhD, EdD...)</small> <small>Major (if applicable)</small> <small>Mo.</small> <small>Yr.</small> |
| <input type="checkbox"/> 1st Professional _____ _____ / _____ _____ <small>Type (DC, MD...)</small> <small>Major (if applicable)</small> <small>Mo.</small> <small>Yr.</small> | <input type="checkbox"/> Other _____ _____ / _____ _____ <small>Type</small> <small>Major (if applicable)</small> <small>Mo.</small> <small>Yr.</small> |

Current Professional License(s)

| | | |
|--------------|------------------|-----------------------|
| License Type | State / Province | Initial License Dates |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

VOLUNTARY SURVEY (OPTIONAL)

You are not required to answer these questions as your responses are not used to determine your admission to NUHS. Responses are recorded for statistical purposes only.

- Gender Male Female
- Date of Birth _____ Place of Birth (city / country) _____
- Marital Status Single Married Divorced Widowed
- Number of Children _____
- How would you best describe your race?
- Caucasian Black / Non-Hispanic Hispanic American Indian / Alaskan Native
- Asian / Pacific Islander Other _____

MSACP TECHNICAL STANDARDS

All applicants accepted to National University of Health Sciences must be able to meet the University's technical standards. Technical standards are those physical, behavioral, emotional, and cognitive criteria that an applicant must already possess as personality traits, life skills, or acquired abilities before enrolling in the University. These qualities are regarded as essential requirements needed to participate and complete the entire spectrum of study, training, and experiences within each educational program offered by the University. These standards are applied in addition to, and separate from, academic standards of qualification.

Students must review the technical standards that apply to the educational program they intend to enroll in and to acknowledge with their signature that they have read, understand, and are able to meet the standards (with or without reasonable accommodations) of that program. This information is provided to help every student be more aware of the types of performance and expectations that are required to complete their program. The use of technical standards is derived from Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. These laws provide a framework for individuals with documented disabilities to request reasonable accommodations to fulfill their educational objectives. Reasonable accommodations are defined as any change or modification in the way things are usually done that enables an individual with a disability to participate as fully as possible in an educational program. An effective accommodation for a disability can ensure that an otherwise qualified student with a disability is able to perform and be assessed on their ability rather than by their disability.

Candidates with documented disabilities who wish to request accommodations under the Americans with Disabilities Act must follow the University's procedure for requesting an accommodation. This procedure, in summary, requires submitting a written request for accommodations and supporting documentation of a life-limiting disability to the Dean of Students. The Dean will review the request and determine whether a reasonable accommodation can be made.

National University of Health Sciences does not discriminate against qualified individuals with disabilities in the recruitment or admission to its programs, services, or activities. Any information disclosed by an applicant regarding disabilities will not adversely affect admissions decisions nor eligibility to remain enrolled.

The University reserves the right to reject requests for accommodations that would fundamentally alter the nature of a University educational program, lower the academic standards, cause an undue hardship on the University, or endanger the health or safety of a student with a disability, other students, clinic patients, or any other member of the University community.

SENSORY/OBSERVATION

A student must be able to observe demonstrations and experiments in the basic sciences including, but not limited to, demonstrations on human cadavers, animals, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A student must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the senses of vision and somatic sensation. It is enhanced by the functional use of the sense of smell. Therefore, a student must have sufficient sense of vision, hearing, and touch to perform the customary techniques in a physical examination such as auscultation (listening with a stethoscope), percussion (tapping of the chest or abdomen to elicit a sound indicating the relative density of the body part), palpation (feeling various body parts such as the breast or abdomen with the ability to discern the size, shape, and consistency of masses) and visual observation sufficient to note changes in skin and eye color as well as to use such instruments as an otoscope (magnifying device for examining the ear) and ophthalmoscope (magnifying device for examining the eye).

COMMUNICATION

A student must be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A student must be able to communicate effectively and sensitively with patients. Communication includes not only speech, but also reading and writing. The student must be able to communicate effectively and efficiently in oral and written form. In summary, a student must have verbal and written communication skills sufficient to conduct patient interviews and record clinical histories, read all forms of diagnostic imaging, and make assessments and plans known to patients and other members of the health care team.

MOTOR/STRENGTH/COORDINATION

Students must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, perform basic laboratory tests (urinalysis, CBC, etc.), carry out diagnostic procedures (digital rectal, otoscopic, etc.), and read EKGs and X-rays. A student must also be able to coordinate both gross and fine muscular movements, equilibrium, and provide basic first aid and emergency treatment to patients. Examples of minimal emergency treatment required of physicians include the ability to perform quickly and effectively such emergency procedures as CPR, the application of pressure to stop bleeding, the opening of obstructed airways, and venipuncture (inserting a needle into a vein). Examples of motor/strength/coordination skills would involve the requisite strength and dexterity to be able to perform basic procedures such as static and dynamic palpation of joints, movement of diagnostic and therapeutic equipment, and sufficient motor function to coordinate and balance the hands and body as diagnostic or therapeutic contact is made with the patient.

CONCEPTUAL, INTEGRATIVE & QUANTITATIVE ABILITIES

These abilities include measurement, calculations, reasoning, analysis, and synthesis. Additionally, students must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Problem solving in group and individual settings requires all of these intellectual abilities. Testing and evaluation of these abilities requires periodic examinations as an essential component of the curriculum. Successful completion of these examinations is typically required of all candidates as a condition for continued progress through the curriculum. Examples of these tests include essay, oral and/or multiple choice tests, type-written papers, oral presentations, and lab practicals designed to assess a variety of cognitive and non-cognitive skills in a simulated or supervised clinical setting.

BEHAVIORAL & SOCIAL ATTRIBUTES

A student must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. Students must be able to function effectively under stress. Students must also be able to adapt to change, display poise and flexibility in the face of uncertainties and stressful situations, and to independently demonstrate empathy, integrity, compassion, motivation, and commitment commensurate with the habits and mannerisms of a professional health care provider.

Do you have the ability to satisfy these essential technical standards? Yes No

If no, please contact the Admissions Department.

I, the undersigned, certify that the information contained in this application is true and correct.

Signature of Applicant _____ Date _____