

The University of Iowa College of Nursing
Young Community Nurse Clinician Program

Applicant Information:

Name: _____

Home Address: _____

Home Phone: _____

Email Address: _____

Campus Address: _____

Campus Phone: _____

Anticipated Graduation Date: _____

To this application, please attach the following:

1) **A Goal Statement** (no longer than one page, at 12-point font) describing your clinical interests and professional goals as they relate to community and public nursing, and an explanation as to why you are interested in the YCNC Program.

2) **A Signed Transcript Release Form** (to release your academic record to the YCNCP advisory committee).

UI College of Nursing Faculty Endorsement: (This endorsement confirms this student's potential for clinical leadership in community and public health nursing.)

_____ Date: _____

_____ Date: _____

Email or bring your application and attachments to:

Janice Miller MSN, RN Lecturer and Faculty Mentor of the YCNC Program

Janice-miller@uiowa.edu Office # 386 CNB

Application Deadlines:

November 1 for spring enrollment in the YCNC Program

April 1 for fall enrollment in the YCNC Program