

The University of Iowa College of Nursing

Young Palliative Care Nurse Clinician Program

Applicant Information:

Name: _____

Home Address: _____

Home Phone: _____

Email Address: _____

Campus Address: _____

Campus Phone: _____

Anticipated Graduation Date: _____

Hometown Newspaper: _____

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 palliative care nursing, and an explanation as to why you are interested in the YPCNC Program.
- 2) **A Signed Transcript Release Form** (to release your academic record to the YPCNCP advisory committee).

UI College of Nursing Faculty Endorsement: (This endorsement confirms this student's potential for clinical leadership in palliative care nursing.)

_____ Date: _____

_____ Date: _____

Send or bring your application and attachments to:

Stephanie Gilbertson-White PhD, ARNP
Assistant Professor and Director of the YPCNC Program
Faculty Mailroom 322 CNB

Application Deadlines:

November 1 for spring enrollment in the YPCNC Program

April 1 for fall enrollment in the YPCNC Program