

# The University of Iowa College of Nursing

## Young Pediatric 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 pediatric nursing, and an explanation as to why you are interested in the YPNC Program.
- 2) **A Signed Transcript Release Form** (to release your academic record to the YPNCP advisory committee).

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

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

### Send or bring your application and attachments to:

Leslie Arends, Assistant Professor, Clinical  
YPNC Program Director  
374 CNB  
335-7102

### Application Deadlines:

November 1 for spring enrollment in the YPNC Program  
April 1 for fall enrollment in the YPNC Program