

# DOCTOR OF NURSING PRACTICE

## ADMISSION CHECKLIST

Date Applied to University \_\_\_\_\_

General information sheet submitted: \_\_\_\_\_

Practicum Hours Verification Form \_\_\_\_\_

Current resume or curriculum vitae: \_\_\_\_\_

Evidence LA License (current, unencumbered): \_\_\_\_\_

Statement of purpose: \_\_\_\_\_

3 Recommendation forms: \_\_\_\_\_

MSN transcript(s) submitted to  
Admission's Office \_\_\_\_\_

Box 10752,  
Hammond, LA 70402