

College of Nursing National Management Offices: 500 W. Monroe St., Suite 28, Chicago, IL 60661 | 888.556.8226

- 2149 W. Dunlap Avenue, Phoenix, AZ 85021
Phone: 602.331.2720 | Fax: 602.870.9761
- 4910 Rivergrade Rd., Irwindale, CA 91706
Phone: 626.593.5731 | Fax: 626.778.1557
- 10971 Sun Center Dr., Rancho Cordova, CA 95670
Phone: 916.330.3410 | Fax: 916.330.3505
- 5200 Belfort Road, Third Floor, Jacksonville, FL 32256
Phone: 904.251.8110 | Fax: 904.251.8390
- 2300 SW 145th Avenue, Miramar, FL 33027
Phone: 954.885.3510 | Fax: 954.885.3601
- 5775 Peachtree Dunwoody Road NE
Suite A 100, Atlanta, GA 30342
Phone: 404.250.8500 | Fax: 404.847.7810
- 1221 N. Swift Road, Addison, IL 60101
Phone: 630.953.3680 | Fax: 630.628.1154
- 2718 W. Roscoe St., Chicago, IL 60618
Phone: 773.961.3000 | Fax: 773.961.3190
- 500 W. Monroe St., Suite 28, Chicago, IL 60661
Phone: 877.751.5783 | Fax: 630.512.8888

- 18624 West Creek Drive, Tinley Park, IL 60477
Phone: 708.560.2000 | Fax: 708.560.2099
- 9100 Keystone Crossing, Suite 300, Indianapolis, IN 46240
Phone: 317.816.7335 | Fax: 317.815.3069
- 400 Labarre Road, Jefferson, LA 70121
Phone: 504.565.7995 | Fax: 504.565.7994
- 200 Kirts Boulevard, Suite C, Troy, MI 48084
Phone: 248.817.4140 | Fax: 248.817.4737
- 11830 Westline Industrial Drive, Suite 106
St. Louis, MO 63146
Phone: 314.991.6200 | Fax: 314.991.6283
- 9901 Covington Cross Drive, Las Vegas, NV 89144
Phone: 702.786.1660 | Fax: 702.786.1661
- 630 U.S Highway One, North Brunswick, NJ 08902
Phone: 732.875.1300 | Fax: 732.875.1394
- 2015 Ayrlets Town Blvd., Charlotte, NC 28273
Phone: 980.939.6241 | Fax: 980.939.6242
- 6700 Euclid Avenue, Suite 201, Cleveland, OH 44103
Phone: 216.361.6005 | Fax: 216.361.6257

- 4111 Worth Ave Columbus, OH 43219
Phone: 614.252.8890 | Fax: 614.251.6971
- 11025 Equity Drive, Suite 100, Houston, TX 77041
Phone: 713.277.9800 | Fax: 713.277.9880
- 4800 Regent Boulevard, Irving, TX 75063
Phone: 469.706.6705 | Fax: 469.706.6706
- 12000 Shadow Creek Pkwy., Pearland, TX 77584
Phone: 832.664.7000 | Fax: 832.664.7001
- One51 Office Centre 9810 State Highway 151
San Antonio, TX 78251
Phone: 210-750-8000 | Fax: 210-750-8001
- 1951 Kidwell Drive, Vienna, VA 22182
Phone: 703.416.7300 | Fax: 703.416.7490

Post-licensure and Graduate Programs National Management Offices

- 500 W. Monroe St., Suite 28, Chicago, IL 60661
Phone: 888.556.8226 | Fax: 866.603.8669

Spring Summer Fall Other: _____

Admission Representative _____ Date of Application _____ Anticipated Entrance Date _____ Session Start Preference _____

How did you hear about Chamberlain?
Please select your program of choice (Program/Program option availability varies by state/location.)

College of Nursing

UNDERGRADUATE PROGRAMS

Baccalaureate

Pre-licensure

- Bachelor of Science in Nursing (BSN)
- Bachelor of Science in Nursing (BSN) - Evening/Weekend Option
- BSN-Concentration in Serving Hispanic Communities
- Bachelor of Science in Nursing (BSN) Hybrid Option
- Bachelor of Science in Nursing (BSN) Online Option

Post-licensure

- RN to BSN Online Degree Completion Option
- RN-BSN to MSN Online Option (RN-BSNM)

GRADUATE & NURSING CERTIFICATE PROGRAMS

- Master of Science in Nursing (MSN)
 - Adult-Gerontology Acute Care Nurse Practitioner
 - Adult-Gerontology Primary Care Nurse Practitioner
 - Family Nurse Practitioner Specialty Track
 - Healthcare Policy Specialty Track
 - Nurse Educator Specialty Track
 - Nurse Executive Specialty Track
 - Nursing Informatics Specialty Track
 - Population Health Specialty Track
 - RN-BSN to MSN Online Option (RN-MSN)
 - Accelerated RN to MSN Option
 - Accelerated RN to MSN with Clinical Nursing Leadership Option
 - Master of Science in Nursing (MSN) - Accelerated Option
 - Master of Science in Nursing (MSN) - Accelerated with Clinical Nursing Leadership Option

- Post-Baccalaureate Certificate in Leadership Foundations
- Graduate Certificate in Family Nurse Practitioner (FNP)
- Graduate Certificate in Healthcare Policy
- Graduate Certificate in Nursing Education
- Graduate Certificate in Nursing Informatics
- Graduate Certificate in Nursing Leadership
- Graduate Certificate in Population Health
- Doctor of Nursing Practice (DNP)
 - Healthcare Systems Leadership Specialty Track

- Master of Social Work (MSW)
 - Traditional Option
 - Advanced Standing Option

Tracks:

- Crisis and Response Interventions
- Medical Social Work
- Trauma

* It is recommended that all MSW students declare their intent to pursue either the generalist degree or a track prior to enrolling in MSW-506 for the Traditional Option or MSW-513 for the Advanced Standing Option. Students wishing to pursue a generalist degree program will choose three courses from those listed in the elective area. Refer to the academic catalog for detailed information.

College of Health Professions GRADUATE & PUBLIC HEALTH CERTIFICATE PROGRAMS

- Master of Public Health
- Post-Baccalaureate Certificate in Public Health Generalist

Please Print Clearly:

Mr. Mrs. Ms. Miss

Last Name (Family)* _____ First Name (Given)* _____ Middle* _____ (Maiden)* _____

Address: _____
Number and Street _____ City/Town _____ State/Province _____ Country _____ Postal Code _____

Phone number (country code, area code, number): _____
Home _____ Work/Cell _____

*U.S. SS# or CDN Ins. Number (Optional): _____
Chamberlain University requests your SSN for a variety of activities potentially involved in your enrollment, including tax reporting and administration of federally-supported financial aid programs. The SSN is not required to apply for admission, and is not used as the student's primary identification. However, students who do not provide their SSN at the time of application may experience a delay in financial aid processing and tax reporting.

Email address: _____

Place of birth: _____ Date of birth*: ____/____/____ Other last names you have used*: _____

Country of Citizenship: _____ US Citizen* Permanent Resident*

High school from which you graduated/last attended: _____

High school address: _____ City _____ State _____ Zip _____ Year of graduation: _____ -OR- Year of GED completion: _____

High School CGPA: - _____ - ACT: _____ SAT: _____ Highest level of education: _____

COLLEGE OF NURSING APPLICANTS ONLY

Do you have an LPN license? Yes No

Are you a Registered Nurse? Yes No

Do you have a current, active RN license in the U.S.? Yes No

Are you a Certified Nursing Assistant? Yes No

Are you certified as an Advanced Practice Registered Nurse? Yes No

Do you plan to apply for Financial Aid (optional)? Yes No

Gender Female Male

Acceptance into the Chamberlain pre-licensure program is dependent on the clearance of a drug screen, background, and fingerprint check. Students are responsible for determining the impact their criminal history has on obtaining a nursing license in the state in which they wish to become licensed. MSN-NP students are required to clear a background check and fingerprint screen, through a Chamberlain preferred vendor, before registering for any of the NP specialty courses. Students may enroll in core courses for the Master of Science in Nursing degree program, but cannot enroll in an NP specialty course until clearance is satisfactorily completed. Students are responsible for determining the impact their criminal history has on obtaining a nursing license in their state of preference. You need not disclose offenses that have been legally expunged. By signing this application, you acknowledge your on-going obligation to disclose to Chamberlain any felony or misdemeanor convictions occurring after you complete this application and throughout your association with Chamberlain or until you graduate from Chamberlain.

*Chamberlain University has adopted privacy policies and practices designed to protect student's personal information. Only information required to efficiently conduct our business and meet state and federal reporting requirements is collected. The information collected is only disclosed as permitted under the Family Educational Rights and Privacy Act of 1974 as amended (FERPA). The FERPA policy is printed in the student handbook and is available for review in the Student Services office.

Previous education² - Please list all educational institutions previously attended including high schools, colleges, universities and nursing schools. For Veteran and Military students, all prior education (including military training, etc.) will be evaluated.

Name of Institution	City/State/Country	Dates Attended	Credits/Degrees	GPA

Current employer: _____ Position/Title: _____

COLLEGE OF NURSING APPLICANTS ONLY

¹Current, active RN license in the U.S. (in the student's state of residence) or from a jurisdiction that is an associate member of the National Council of State Boards of Nursing (NCSBN). A registered nurse with a Nurse Licensure Compact license must reside in a state that is included in the Nurse Licensure Compact.

²Students should note that a transcript request is not required for coursework previously completed at Chamberlain as the Institution already has access to these records.

Completing and submitting this form provides consent without obligation for Chamberlain University to call, text, and/or email you about your education by our automated means or prerecorded messages at the number(s) and/or email address you provide.

I certify that the information provided on this application is complete and accurate. I realize that failure to provide correct information is sufficient cause for reconsideration of my admission status.

Signature _____ Date: ____/____/____

COLLEGE OF NURSING APPLICANTS ONLY. The privilege of writing the nursing licensing examination is dependent upon satisfactory compliance with state requirements and the Nurse Practice Act.

Signature: _____ Date: ____/____/____

CHAMBERLAIN REPRESENTATIVE:
Complete Notice of Cancellation date listed on the back of this application.

Office Use Only: Student ID (D#): _____ Inquiry#: _____ Person#: _____
Application fee paid: Date: ____/____/____ Method: Check# MC VISA Discover AMEX Received by: _____

Buyer's Right to Cancel

Applicant: You the buyer, may cancel this application at any time prior to midnight of the 10th business day after submitting this application (Saturdays, Sundays and holidays are not business days) for a return of all monies paid. If you cancel, your application fee will be refunded within 10 business days.

To cancel this application, submit a signed and dated notice with the applicant's name and address (required to process the cancellation) no later than midnight of the date listed below.

Chamberlain Representative: Enter date that is 10 business days from the date of application (MM/DD/YYYY).

Cancellation requests are accepted:

By mail to:

Chamberlain University
3005 Highland Parkway
Downers Grove, IL 60515
Attn: Customer Service

By fax to:

630-574-1968

By email to:

noticeofcancellation@chamberlain.edu

Nondiscrimination Policy

Chamberlain University does not discriminate in recruitment, education, employment, programs, activities, or services on the basis of race, age, religion, gender, sexual orientation, national origin, ancestry, color, creed, disability, political affiliation or belief, or veteran status. Chamberlain complies with Section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990. Chamberlain does not discriminate on the basis of disability. Additional information about this policy or about assistance to accommodate individual needs is available from General Counsel at Adtalem Global Education, 500 W. Monroe St., Suite 28, Chicago, IL 60661 (800-225-8000).

Code of Conduct:

All Chamberlain applicants will be expected to adhere to the Code of Conduct throughout the enrollment process. Chamberlain reserves the right to apply any of the prescribed sanctions if the Code of Conduct is violated. The Code of Conduct can be found at chamberlain.edu/handbook

Maryland Residents Attending a Virginia Campus

A student may be entitled to make a claim against the Maryland Guaranty Student Tuition Fund for For-profit Institutions of Higher Education ("Student Tuition Fund") in the case of certain events, including a school closure. The Student Tuition Fund is administered by the Maryland Higher Education Commission. Information about the Student Tuition Fund and instructions for filing a claim may found in Regulations 13B.02.06.01 through .13 of the Code of Maryland Regulations or by contacting the Maryland Higher Education Commission.

International Students

COLLEGE OF NURSING APPLICANTS ONLY

Completion of a nursing program does not guarantee the graduate's ability to take the NCLEX-RN®. Authorization to take the NCLEX-RN rests solely with the state Board of Nursing. Students seeking licensure outside the United States should contact their country's nursing regulatory body for requirements and information on practicing as a nurse in that country.



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UNIVERSITY

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