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| **TO BE COMPLETED BY THE APPLICANT** *(Please complete and print form to include with your package)* | | | | | | |
| Last Name | First Name | | | Former Name (if applicable) | | |
| **Mailing Address** | | | | | | |
| Street | City | | Province / State | Country | | Postal / Zip |
| AU Student ID Number | Phone | | | Email Address | | |
| **HOW TO USE THIS CHECKLIST:** | | | | | | |
| **Option 1:** Mail or courier your hardcopy, sealed (by the issuing institution), official transcripts and additional required documents (specific to your program and listed below), along with this checklist, to this address:  **Graduate Programs, Faculty of Health Disciplines**  Athabasca University  1 University Drive  Athabasca, AB T9S 3A3 CANADA  \*Please mail your hardcopy package at least **6-8 weeks** before the deadline. **Please write your program and Student ID on each transcript envelope.**  Late application packages (date stamped after the deadline) will not be accepted.  **Option 2:** Share your transcripts through MyCreds or have your post-secondary institutions email your official transcripts **directly** to: [cnhsgradapply@athabascau.ca](mailto:cnhsgradapply@athabascau.ca) (Nursing/Health Studies) OR [gcapgradapply@athabascau.ca](mailto:gcapgradapply@athabascau.ca) (Counselling). Send the remaining required documents (specific to your program and listed below) by mail **or** email. If emailing, please add your name and Student ID to the email.  \*Please arrange for your documents to be emailed to our program office at least **6-8 weeks** before the deadline. Attach this completed checklist to your email and include the completed checklist with your mailed documents.  **Choose one option only. Do not send transcripts or documents by both mail and email.** | | | | | | |
| **DESIRED PROGRAM (SELECT ONE ONLY):** | | | | | | |
| **GCAP: Graduate Centre for Applied Psychology** | | **CNHS: Centre for Nursing and Health Studies** | | | | |
| Master of Counselling Graduate Diploma in Counselling  Post-Masters Certificate in Counselling | | Post Master’s Diploma: Nurse Practitioner (PMD:NP) Master of Nursing: Nurse Practitioner (MN:NP) Master of Nursing: Generalist (MN: GEN) Master of Health Studies: (MHS) | | | | |
| **Required Materials – provide one of the following:**  Official Transcript(s): Shared through MyCreds or hardcopy and sealed, one for each institution attended, **including** Athabasca University – originals only **OR** official transcripts issued directly by the institution(s) attended, **including** Athabasca University, **directly** to the applicable program email address above. Transcripts received by email from applicants will not be accepted. | | | | | | |
| **Required for applicants with International Credentials Only**:  English Language Proficiency (ELP) assessment (scored tests must be dated no earlier than **2 years** from the admission deadline date); see the AU Graduate Calendar-English Language Proficiency Requirements for additional information.  **Course-by-course** Credential Assessment for foreign credentials. A course-by-course **WES** assessment is preferred. See <http://www.canalliance.org/index.en.stm> for other approved agencies (dated no earlier than 5 years from the admission deadline). Evaluations older than 5 years must be re-issued by the Agency. | | | | | | |
| **For Post Master’s Diploma: Nurse Practitioner (PMD:NP) and Nurse Practitioner (MN:NP) Applicants only:**  Please provide expiry date if requested below: | | | | | | |
| Letter of verification (from employer or licensing body) confirming required hours of recent (within 5 years) clinical practice as an RN. | | | | | | |
| Copy of current Nursing Registration/Renewal (valid at the time of application deadline) | | | | | Expiry date: (dd/mm/yyyy) | |
| Copy of current Basic Life Support (BLS) Certificate | | | | | Expiry date: (dd/mm/yyyy) | |
| **For MN: Generalist applicants who have a Post-Baccalaureate NP Certificate and NP License:** | | | | | | |
| Current photocopy of Nurse Practitioner (NP) license. | | | | | | |