



# School Nurse Certification Application

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

Current Address: \_\_\_\_\_

City State Zip

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## Nursing Education

Nursing Degree: \_\_\_\_\_

Name of Institution

City State

Type of Program (select one): ADN \_\_\_\_\_ BS \_\_\_\_\_ Hospital School Program \_\_\_\_\_

Date of Graduation (Month/Year): \_\_\_\_\_ GPA: \_\_\_\_\_

College credits earned as part of or beyond Hospital School Program or associate degree nursing program (if any):

Credits Earned: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Are you currently enrolled in a program of study that leads to degree? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide additional information:

Name of Program Major Location of Program

## Nursing Employment

Total number of years employed in nursing: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

What length of time have you been employed in a SCHOOL NURSE role (if applicable): Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Current Position Title: \_\_\_\_\_ Start date of current position (Month/Year): \_\_\_\_\_

Current nursing category (if applicable): \_\_\_\_\_

Current employer: \_\_\_\_\_

Organization/School/Company

Location (City, State)

If NOT currently employed as a nurse:

Last position in nursing: \_\_\_\_\_

Title

Category of Nursing

Organization/School/Company

Location (City, State)

Dates Employed (start/end dates)

**Why do you want to be a school nurse?**

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Applicant Signature

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**Return completed application with official transcripts of all college-level coursework to:**

Admissions and Recruitment  
UW–Madison School of Nursing  
701 Highland Avenue, Cooper Hall-Suite 1100  
Madison, WI 53705  
Email: [admissions@nursing.wisc.edu](mailto:admissions@nursing.wisc.edu)