



School of Nursing  
UNIVERSITY OF WISCONSIN-MADISON

## Nurse Educator Certificate Program Application Form

Name:
Address:
e-mail:
Phone: (h) (c) (w)

Select the program to which you are applying and provide information regarding your post-graduate education:

### Nurse Educator Certificate Program (NECP)

Graduate Program of Study: \_\_\_\_\_

Semester/Year entered the program: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

### Nurse Educator Capstone Certificate Program (NECCP)

Active Registered Nurse License: \_\_\_\_\_

Master's Degree granted from: \_\_\_\_\_

Year obtained: \_\_\_\_\_

Submit the following materials in one envelope:

- This Application Form
- [Nurse Educator Transcript Instruction Sheet](#) (pdf)
- Post-Graduate Education Statement
- Photocopy of nursing license from your current state of residence

**Materials should be sent to the following address:**

University of Wisconsin–Madison School of Nursing  
Academic Programs Student Services  
NECP Coordinator/Graduate Admissions  
Signe Skott Cooper Hall, Suite 1100  
701 Highland Avenue  
Madison WI 53705