

UNIVERSITY OF ALABAMA AT BIRMINGHAM SCHOOL OF NURSING

Application for Change of Practice Area/Concentration for **AMNP Students ONLY**

Application deadline is July 1st. If a student is on probation, change of concentration (COC) application will be reviewed each subsequent term until a GPA of 3.0 is attained. Students can only submit one COC in the AMNP Phase I.

NAME _____ BLAZER ID _____

ADDRESS _____
Number and Street City State Zip Code

PHONE _____ EMAIL _____
Indicate: Home, Work, or Cell

Students rank 2 choices

TO:

Primary Care NP

____ Adult -Gerontology
____ Adult-Gero/ Occupational Health
____ Adult-Gero/Women's Health
____ Family
____ Pediatric
____ Psychiatric-Mental Health

Faculty: If you Deny Student please initial and Print Name

Print Name

____ Accept	____ Deny	_____
____ Accept	____ Deny	_____
____ Accept	____ Deny	_____
____ Accept	____ Deny	_____
____ Accept	____ Deny	_____
____ Accept	____ Deny	_____

Acute /Continuing Care NP

____ Adult-Gerontology
____ Adult-Gero/RN First Assist
____ Neonatal
____ Pediatric

____ Accept	____ Deny	_____
____ Accept	____ Deny	_____
____ Accept	____ Deny	_____
____ Accept	____ Deny	_____

____ Dual Primary and Acute Pediatric

____ Accept	____ Deny	_____
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____ *Clinical Nurse Leader

____ Accept	____ Deny	_____
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____ Nurse Educator

____ Accept	____ Deny	_____
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Nursing and Health Systems Management

____ Nursing and Health Systems Admin
____ Nursing Informatics
____ Clinical Research Management

____ Accept	____ Deny	_____
____ Accept	____ Deny	_____
____ Accept	____ Deny	_____

*** Specialty track is cohort driven and approval is based on number of students enrolled**

REQUIRED: Submit a current resume or CV and attach an essay (500 word limit-not including citations and references) that describes the reason for deciding to change your concentration. Briefly summarize your background professional experience relevant to the specialty you wish to transfer into and rationale for that specialty in your future career goals. Additionally, using APA format, provide a clear and succinct explanation to illustrate the need for master's prepared nurses in your desired specialty area. Please use evidence-based literature to support your discussion. Also, the student must have met with both their advisor and the specialty track coordinator/program director for the area of interest prior to submitting a COC.

Student's Signature _____ Date _____

RETURN APPLICATION, RESUME/CV, AND ESSAY TO AMNP PROGRAM MANAGER, FAX (205) 934-5490

OFFICE USE ONLY

MSN Program Manager: Received by _____ Date _____ CV _____ Essay _____ Transcript _____

Current Advisor's Name (Please Print) _____

Current Advisor's Signature _____ Date _____

Recommendation from New Program Division Director: _____

New Specialty Track Coordinator Name (Please Print) _____

New Specialty Track Coordinator Signature _____ Date _____

Final Decision: Approved _____ Denied _____ Newly Assigned Advisor: _____

MSN Program Director's Signature: _____ Date _____