

UNIVERSITY OF ALABAMA AT BIRMINGHAM SCHOOL OF NURSING

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

Application deadlines is August 27th. If a student is on probation, the change of practice area application will be reviewed each subsequent term until a GPA of 3.0 is attained. Students can only submit one change of practice area application while in Phase I of the AMNP program.

NAME _____ BLAZER ID / B# _____

ADDRESS _____
Number and Street City State Zip Code

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

What is your **1st CHOICE** MSN specialty track / subspecialty you wish to change to:

Choose from drop down menu below:

What is your **2nd CHOICE** MSN specialty track / subspecialty you wish to change to:

Choose from drop down menu below:

FOR OFFICE USE ONLY: _____ Accept _____ Deny **1st Choice STC Signature:** _____
Specialty Track Coordinator _____ Accept _____ Deny **2nd Choice STC Signature:** _____
(STC) Decision Area

Per my current Program of Study, I plan to enroll in the specialty clinical sequence courses _____ Semester _____, _____ Year

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.

Student's Signature _____ Date _____

PLEASE FILL OUT, PRINT OFF, AND SIGN DOCUMENT

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

OFFICE USE ONLY

MSN Pgm Mgr: Received by _____ Date _____ CV _____ Essay _____ Form _____ Transcript _____ Letter _____ Notify Advisor _____

Current Advisor's Name (Please Print) _____

Current Advisor's Signature _____ **Date** _____

Recommendation from New Practice Area Coordinator: _____

New Specialty Track Coordinator (Please Print) _____

New Specialty Track Coordinator Signature _____

Final Decision: Approved _____ Denied _____ Newly Assigned Advisor (Please Print) _____

MSN Program Director's Signature: _____ Date: _____