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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:** | | | | | | |
| This checklist is for application materials sent by mail or courier. Send any hardcopy materials and this checklist to the address below. Note that if you are sending transcripts, please ensure they remain sealed by the issuing institution.  **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. Write your program and Student ID on each envelope. Late application packages (date stamped after the deadline) will not be accepted.  **Do not send transcripts or documents by both mail and email.** | | | | | | |
| **DESIRED PROGRAM (SELECT ONE ONLY):** | | | | | | |
| **Counselling** | | **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) | | | | |
| **Checklist – Indicate what you included in your package:**  Official Transcript(s): Hardcopy and sealed, one for each institution attended, including Athabasca University. Originals only **OR** official transcripts issued directly by the institution(s) attended.  English Language Proficiency (ELP) assessment (only required for applicants with International Credentials): 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 (only required for applicants with International 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 reissued by the agency. | | | | | | |
| **For Applicants to the Post Master’s Diploma: Nurse Practitioner (PMD:NP) or Nurse Practitioner (MN:NP) programs:**  Please provide the expiry date if requested below: | | | | | | |
| Clinical Attestation Form (from employer) confirming 5,000 recent clinical practice hours (within the past five years) as an RN in Canada. Of these hours, at least 3,500 must be in direct client care. Direct care includes performing clinical/physical assessments and providing hands-on care to a diverse population. | | | | | | |
| Photocopy of current Nursing Registration/Renewal (valid at the time of application deadline) | | | | | Expiry date: (dd/mm/yyyy) | |
| **For Applicants to MN:Generalist Program who have a Post-Baccalaureate NP Certificate and NP License:** | | | | | | |
| Photocopy of Nurse Practitioner (NP) license. | | | | | | |