## CALIFORNIA STATE UNIVERSITY, FRESNO School of Nursing

Certificate of Advanced Study for Psychiatric Mental Health Nurse Practitioners (PMHNP) Program Application

Last Name	First		M.I.		Maiden	
Street	City			State Zip		
Home Phone	Work Phone			Cell Phone		
E-Mail Address			Soc.	Sec.#		
Colleges and Universities atte	ended or currently enrolled:			1		
School	Location	Dates E From (MM/YY)	nrolled: To (MM/YY)	# of Units Completed	Degree	
Previous degree dates: Previous experience: List you	BS Nursing	_		Other, specify		
Institution	Locatio		Position			
Valid California Nurse Practiti	ioner License and Furnishing I	Number:	I			
I verify that the above information						
			Date:			
<ul> <li>Enclose:  <ul> <li>This application</li> <li>Proof of completion of Master of Science in Nursing (copy of degree or unofficial transcript)</li> <li>Two letters of recommendation</li> <li>Copy of current Drug Enforcement Authorization for Schedule II medications</li> </ul> </li> </ul>			Juan Bedo School of I California S 2345 E. Sa	Juan Bedolla School of Nursing California State University, Fresno 2345 E. San Ramon Avenue M/S MH25 Fresno, CA 93740-8031		