### Saint Francis Medical Center College of Nursing Peoria, Illinois

# Master of Science in Nursing and Post Graduate Certificate



**Application for Admission** 

#### **Saint Francis Medical Center College of Nursing**

511 N.E. Greenleaf Street, Peoria, Illinois 61603

#### Master of Science in Nursing Post Graduate Certificate

Saint Francis Medical Center College of Nursing is accredited by the Higher Learning Commission and the MSN Program holds program accreditation from the Commission on Collegiate Nursing Education (CCNE), 655 K Street, NW, Suite 750, Washington, DC, 20001, Ph. 202.887.6791.

#### **Admission Requirements**

- A. Please send the following to the Admissions Office:
  - 1. Complete Application for Admission

<u>Priority Date</u> - Priority acceptance is given to completed application materials received by April 1st for fall semester and Oct 1<sup>st</sup> for spring semester, although applications are accepted year-round.

- 2. Pay nonrefundable \$50.00 application fee.
- 3. Request that the registration office of all higher education institutions previously attended send an official transcript directly to our Admissions Office. Please note that we must receive an official transcript from every institution, even if transfer credit from that institution appears on the transcript of another institution.
- 4. Bachelor of Science in Nursing from a program which is ACEN, CCNE, or CNEA accredited and regionally accredited.
- 5. Grade point average (GPA) of 2.8 on a 4.0 scale for MSN and 3.0 on a 4.0 scale for post graduate certificate.
- 6. Evidence of current, unencumbered licensure to practice as a Registered Nurse in state where practicing.
- 7. Evidence of completion of undergraduate health assessment and nursing research with a minimum grade of "C" for both courses.
- 8. A 500-750 word typed essay detailing professional and educational goals.
- 9. Evidence of one year of professional nursing experience preferred.
- 10. Three letters of recommendation from persons who can speak to the applicant's ability to undertake Graduate study. One letter from a nursing faculty from the student's baccalaureate education is preferred. The references providing the recommendations are to mail their letters directly to the Admissions Office/Graduate Programs. (SFMC CON, 511 NE Greenleaf St., Peoria, IL 61603).
- 11. The College may request an interview.
- 12. Post Graduate Certificate applicants must hold an MSN degree from a program which is ACEN, CCNE, or CNEA accredited and regionally accredited.
- 13. Additional requirements for Neonatal Nurse Practitioner and Psychiatric Mental Health Nurse Practitioner options:

**NNP**-Must have at least two years of fulltime experience (or the equivalent) as an RN in a Level III or IV NICU within the past five years before starting clinical courses, but may start theory courses without the required clinical experience. Also, must hold and maintain a current Neonatal Resuscitation Program Certificate.

**Psychiatric Mental Health Nurse Practitioner**-students must have 1 year of experience (or the equivalent) in psych-mental health within the last 5 years prior to starting the psych/mental health-specific theory or practicum courses. Requirement is not applicable for post-graduate certificate applicants.

B. When all the above documentation has been received and evaluated, you will receive a letter from the College of Nursing confirming your admission status.
A. Checklist

\_\_Application
\_\_\$50.00 application fee
\_\_Transcripts
\_\_Three letters of recommendation to be sent directly to the College
\_\_Copy of RN license
\_\_Admission essay
\_\_NNP-copy of Neonatal Resuscitation Program certification

#### **Distance Education Student Eligibility by State:**

All applicants are welcome to apply. However, due to restrictions on distance education and/or APN licensure requirements imposed by individual states, the College <u>cannot accept students that are residents of</u> the following states (2-19-21):

Alabama	Alaska	Arkansas- curriculum may not prepare you for licensure in AK	Arizona	California-curriculum may not prepare you for licensure in CA
Colorado	District of Columbia	Georgia	Idaho	Kansas- curriculum may not prepare you for licensure in KS
Louisiana	Minnesota	Missouri	Nebraska	New Mexico
North Dakota	New York	Oklahoma	Oregon	Pennsylvania
Rhode Island	South Dakota	Tennessee	Utah	Washington
Wyoming				

The College has met state specific distance education requirements and has been given permission by the Board of Higher Education to provide this MSN/Post Graduate Certificate education to students in all states except the ones in the table above. Regulations require the College to notify students if the program does not meet the specific APN licensure requirements in your state of residence (See table above). Students should contact the State Board of Nursing for further information.

<u>Your state not listed or other questions?</u> If you are a potential out of state applicant and have questions about the College's authorization eligibility to offer distance education in your home state, please contact the Graduate Dean at (309) 655-2230.

State	State Board of Nursing Web Address
Alabama	www.abn.alabama.gov
Alaska	https://www.commerce.alaska.gov/web/cbpl/professionallicensing/boardofnursing.aspx
Arizona	https://www.azbn.gov/
Arkansas	http://www.arsbn.arkansas.gov/
California	www.rn.ca.gov/
Colorado	https://www.colorado.gov/pacific/dora/Nursing
Connecticut	http://www.ct.gov/dph/site/default.asp
Delaware	https://dpr.delaware.gov/boards/nursing/
Florida	http://floridasnursing.gov/
Georgia	https://www.ncsbn.org/Georgia.htm
Hawaii	https://cca.hawaii.gov/pvl/boards/nursing/
Idaho	http://ibn.idaho.gov/IBNPortal/
Illinois	http://nursing.illinois.gov/ - Meets APN licensure requirements.
Indiana	http://www.in.gov/pla/nursing.htm
Iowa	https://nursing.iowa.gov/
Kansas	http://www.ksbn.org/

Kentucky	https://kbn.ky.gov/Pages/default.aspx
Louisiana	http://www.lsbn.state.la.us/
Maine	http://www.maine.gov/boardofnursing
Maryland	http://mbon.maryland.gov
Massachusetts	https://www.mass.gov/orgs/board-of-registration-in-nursing
Michigan	http://www.msbn.ms.gov/Pages/Home.aspx
Minnesota	http://mn.gov/boards/nursing/ - Adult Gerontology Clinical Nurse Specialist students only
Mississippi	https://www.msbn.ms.gov/
Missouri	http://www.pr.mo.gov/nursing.asp
Montana	https://www.ncsbn.org/Montana.htm
Nebraska	http://dhhs.ne.gov/publichealth/Pages/crl_nursing_nursingindex.aspx
Nevada	http://nevadanursingboard.org/
New Hampshire	http://www.nh.gov/nursing/
New Jersey	https://www.ncsbn.org/New%20Jersey.htm
New Mexico	https://nmbon.sks.com/
New York	http://www.op.nysed.gov/prof/nurse/
North Carolina	https://www.ncbon.com/
North Dakota	https://www.ndbon.org/
Ohio	http://www.nursing.ohio.gov/
Oklahoma	https://www.ok.gov/nursing - Family Nurse Practitioner (FNP) students only
Oregon	https://www.oregon.gov/osbn/Pages/index.aspx
Pennsylvania	http://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/default.aspx#.Vh-s6k8U_cs
Rhode Island	http://www.health.ri.gov/for/nurses
South Carolina	http://www.llr.state.sc.us/pol/nursing
South Dakota	https://doh.sd.gov/boards/Nursing/
Tennessee	https://www.tn.gov/health/health-program-areas/health-professional-boards/nursing-board.html
Texas	https://www.bon.texas.gov/
Utah	https://dopl.utah.gov/nurse/index.html
Vermont	https://www.sec.state.vt.us/professional-regulation.aspx
Virginia	https://www.dhp.virginia.gov/nursing
Washington	http://www.doh.wa.gov/
West Virginia	http://www.wvrnboard.wv.gov/Pages/default.aspx
Wisconsin	https://dsps.wi.gov/Pages/RulesStatutes/Nursing.aspx
Wyoming	https://nursing-online.state.wy.us/

## Saint Francis Medical Center College of Nursing

511 N.E. Greenleaf Street Peoria, Illinois 61603 (309) 655-3274

# Application for Admission to the Masters in Nursing Program (MSN) and Post Graduate Certificate

A non-refundable application fee of \$50.00 should be returned with this application. You are urged to give careful consideration to each question on the form. It is to your advantage to fill it out completely and return it promptly to the Admissions Office of the College of Nursing. Priority acceptance is given to completed application materials received by April 1st for fall semester and Oct. 1st for spring semester, although applications are accepted year round.

Please print or	type.			
Date:		, 20 Social Secur	rity No:	
Name				
	(Last Name)	(First Name)	(Middle Initial)	(Previous/Maiden Name
Home Address	s:			
	(Number and	d Street)		
(City)	(State)	(Zip)	(County)	(Country)
Date of Birth:		First lett	er of your mother's ma	uiden name:
Home Phone:		Cell	Phone:	
Work Phone: _		Email:		
U.S. Citizen:	Yes No If no	o, please mark your status:	Resident Alien or	□ Non-Resident Alien
Non- Citizen	Please list Visa Type,	Number		
Citizen	Country of Origin			
Person to be no	otified in emergency:	(Name/Relationsh	ip)	(Phone/Cell)

Response to the following is voluntary. The information is requested so that this institution may demonstrate its compliance with Federal regulations. Please check appropriate ethnicity option.
1. Designate ethnicity  Hispanic or Latino  Not Hispanic or Latino
2. Indicate one or more races that apply:
American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander Non-Resident Alien  Race and Ethnicity Unknown Two or More Races Unknown White
Gender: Male Female
RN Licensure: (State) (License #) (Renewal Date)
How many years of experience do you have in the nursing profession?
Have you previously applied for admission to this college?   Yes  No If yes, date:
Will you be requesting financial assistance: Yes No
When do you desire to enter this college?
Select the Major/Option you would like:
Family Nurse PractitionerAdult-Gerontology Acute Care Nurse PractitionerNeonatal Nurse PractitionerPsychiatric Mental Health Nurse PractitionerNurse EducatorNursing Management Leadership
Post Graduate Certificate applicants (also indicate a major above)

Previous Undergraduate and Graduate Studies (Please list all institutions attended.	Failure to list all institutions is
a violation of academic integrity and may lead to dismissal from the College.)	

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Da From	ite To	Name of School	City and State	Major	Credential Earned (Diploma, Certificate Degree, No. of Credits
Employm	ent: List	your last two work experiences,	beginning with the most r	ecent.	
Da From	tes To	Title of Position	Employe	er	City and State
THER I	NFORM	ATION: How did you find out a	about Saint Francis Medica	al Center Colle	ge of Nursing?
		ollege or Career Fair (name of fail dvertisement (publication name):			
	🗌 - Cເ	umni of the College of Nursing arrent College of Nursing Studen			
		ealth Care Professional (name): _ her (please explain):			
	d that ina	information given in this applic ccurate information on any part			
Signature 2-19-2021				Date	

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#### **Essay Guidelines for Admission**

This essay is an essential aspect of the admission process and will be carefully evaluated by the Graduate Program Committee to make a decision on your direct entry into the MSN/Post Graduate Certificate program. Follow the guidelines carefully, and speak to each item listed below. The paper should be 500-750 words typed. Please do not include your name on the essay. Evaluation of the essay will include assessment of:

	Content
	Clarity of presentation
	Grammar, punctuation, etc.
Ple	ease address the following:
	Discuss your current practice area and professional role.
	Describe formal or informal leadership roles, in which you participated.
	Give specific examples of ways you have collaborated with others in a professional setting.
	Professionally, where do you see yourself in one year after you compete your degree?

Please note that this essay is graded and will be a part of determining your admission to the Saint Francis Medical Center College of Nursing Program.