

Saint Francis Medical Center
College of Nursing
Peoria, Illinois

BSN-DNP



Application for Admission

Saint Francis Medical Center College of Nursing

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

Saint Francis Medical Center College of Nursing is accredited by the Higher Learning Commission and the DNP 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 BSN-DNP:

- A. Please send the following to the Admissions Office:
1. Completed Application for Admission
Priority Date - Priority acceptance is given to completed application materials received by April 1st for fall semester and Oct. 1st for spring, although applications are accepted all 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 the 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 accredited by ACEN, CNEA, or CCNE and regionally accredited.
 5. Evidence of completion of undergraduate health assessment and nursing research with a minimum grade of "C" in both courses.
 6. Grade point average (GPA) of 3.0 on a 4.0 scale.
 7. Proof of current, unencumbered license to practice as a Registered Nurse in state where currently practicing.
 8. Three letters of recommendation from persons who can speak to the applicant's ability to undertake doctoral study. One letter from a nursing faculty from student's bachelor's education is preferred. The references providing the recommendations are to mail their letters directly to the Admissions Office/Graduate Program (SFMC CON, 511 NE Greenleaf St., Peoria, IL 61603).
 9. A 750 – 1,000 word typed essay outlining goals, objectives, and focused area of interest. (See page 6 for instructions.)
 10. Evidence of one year professional nursing experience preferred.
 11. NNP-Must have the equivalent of at least two years of fulltime clinical experience as an RN in a Level III or IV NICU within the past five years before starting the clinical courses. May start theory courses without the required clinical experience. Must hold and maintain a current Neonatal Resuscitation Program certificate.
 12. 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.
 13. An interview may be requested by the College.
- B. When all of the above documentation has been received in the Admissions Office and evaluated, you will receive a letter from the College of Nursing regarding your admission status.
- C. Checklist
- __Application
 - __\$50.00 application fee
 - __Transcripts
 - __Three letters of recommendation to be sent directly to the College
 - __Curriculum Vitae
 - __Copy of RN license
 - __Admission essay

Distance Education BSN-DNP 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 cannot accept students that are residents of the following states (2-19-2021).

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 to provide this DNP education to students by the Board of Higher Education in all but the aforementioned states. Regulations require the College to notify students if the courses and program that it offers do not meet the APN licensure requirements in your state of residence (see the table above). Students should contact the State Board of Nursing for further information.

Your state not listed or other questions? 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 Program 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/ - <i>Meets APN licensure requirements.</i>
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.lsbm.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/ - <i>Adult Gerontology Clinical Nurse Specialist students only</i>
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.ncbn.com/
North Dakota	https://www.ndbn.org/
Ohio	http://www.nursing.ohio.gov/
Oklahoma	https://www.ok.gov/nursing - <i>Family Nurse Practitioner (FNP) students only</i>
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.wvrbboard.wv.gov/Pages/default.aspx
Wisconsin	https://dps.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 BSN-DNP Program

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 Security No: _____

Name: _____
(Last Name) (First Name) (Middle Initial) (Previous/Maiden Name)

Home Address: _____
(Number and Street)

(City) (State) (Zip) (County) (Country)

Date of Birth: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Work Phone: _____ First letter of your mother's maiden name: _____

U.S. Citizen: ___ Yes ___ No If no, please mark your status: ___ Resident Alien or ___ Non-resident Alien

Non-Citizen Please list Visa Type, Number: _____

Country of Origin: _____

Person to be notified in emergency: _____
(Name/Relationship) (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? _____

Program of interest (check one):

___ Family Nurse Practitioner

___ Adult-Gero Acute Care Nurse Practitioner

___ Psych Mental Health Nurse Practitioner

___ Neonatal Nurse Practitioner

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.)

Date From	Date To	Name of School	City and State	Major	Credential Earned (Diploma, Certificate Degree, No. of Credits)

Employment: List your last two work experiences, beginning with the most recent.

Dates From	Dates To	Title of Position	Employer	City and State

OTHER INFORMATION: How did you find out about Saint Francis Medical Center College of Nursing?

- College or Career Fair (name of fair): _____
- Advertisement (publication name): _____
- Alumni of the College of Nursing
- Current College of Nursing Student
- Health Care Professional (name): _____
- Other (please explain): _____

I certify that all the information given in this application is complete and accurate to the best of my knowledge. I understand that inaccurate information on any part of the application may result in cancellation of admission and/or registration.

Signature _____ Date _____

Saint Francis Medical Center College of Nursing

511 N.E. Greenleaf Street

Peoria, Illinois 61603

Essay Guidelines for Admission

This essay is an essential aspect of the admission process and will be carefully evaluated by the Graduate Program Committee in order to make a decision on your direct entry into the BSN-DNP program. Follow the guidelines carefully, speaking to each item listed below. The paper should be **750 – 1,000 words in length**. Evaluation of the essay will include assessment of:

- ◆ Content
- ◆ Clarity of presentation
- ◆ Grammar, punctuation, etc.

Please address the following:

- Describe your clinical/leadership experience and your ability to work with others.
- Describe examples where you used analytical thinking.
- Give examples of how you use research/EBP in your current clinical/leadership experience.
- Describe a situation where you have impacted nursing care.
- Discuss a potential topic for your DNP Project.
- Identify the program option (major) you selected and goals for your doctoral nursing education.
- Describe how the attainment of your goals will advance your professional practice.

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. Please use headings for each topic.