*Saint Francis Medical Center College of Nursing*

*Peoria, Illinois*

Master of Science in Nursing

and

Post Graduate Certificate



**Application for Admission**

3-13-2019

# Saint Francis Medical Center College of Nursing

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

**Master of Science in Nursing and 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

1. Please send the following to the Admissions Office:

1. Complete Application for Admission

*Priority Date* - Priority acceptance is given to completed application materials received by April 1st for fall 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 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 an ACEN, CCNE, or CNEA accredited program.

5. Grade point average (GPA) of 2.8 on a 4.0 scale.

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 professional nursing experience preferred.

10. Three letters of recommendation from persons who are able to speak to the applicant’s ability

to undertake Graduate study. One letter from a nursing faculty from 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 from an accredited nursing program.

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.

1. When all of the above documentation has been received and evaluated, you will receive a letter from the College of Nursing confirming your admission status.
2. 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 imposed by individual states, the College *cannot accept students that are residents of the following states (8-30-18)*:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Alabama | Colorado | Kansas (accept only psych & NNP students) | Nebraska | Oklahoma | Utah |
| Alaska | District of Columbia | Louisiana | New Mexico | Oregon | Washington |
| Arkansas | Georgia | Minnesota | New York | South Dakota | Wyoming |
| California-curriculum may not prepare you for licensure in CA | Idaho | Missouri | North Dakota | Tennessee |  |

The College has met state specific distance education requirements and has been given permission to provide this MSN

education to students by the Board of Higher Education in the following list of states. (Regulations require the College

to notify students that it does not know if the courses and program that it offers meets the specific APN licensure require-ments in your state of residence. Students should contact the State Board of Nursing for further information.)

|  |  |
| --- | --- |
| **State** | **State Board of Nursing Web Address** |
| Alaska | https://www.commerce.alaska.gov/web/cbpl/professionallicensing/boardofnursing.aspx |
| Arkansas | http://www.arsbn.arkansas.gov/ |
| Arizona | https://www.azbn.gov/ |
| California | www.rn.ca.gov/ |
| Colorado | https://www.colorado.gov/pacific/dora/Nursing |
| Connecticut | http://www.ct.gov/dph/site/default.asp |
| Florida | http://floridasnursing.gov/ |
| Georgia | https://www.ncsbn.org/Georgia.htm |
| 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/ |
| Louisiana | http://www.lsbn.state.la.us/ |
| Maine | http://www.maine.gov/boardofnursing |
| Maryland | http://mbon.maryland.gov |
| Michigan | http://www.msbn.ms.gov/Pages/Home.aspx |
| Minnesota | http://mn.gov/boards/nursing/ - ***Adult Gerontology Clinical Nurse Specialist students only*** |
| 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 |
| North Dakota | https://www.ndbon.org/ |
| Ohio | http://www.nursing.ohio.gov/ |
| Oklahoma | https://www.ok.gov/nursing - ***Family Nurse Practitioner (FNP) students only*** |
| 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 |
| Texas | https://www.bon.texas.gov/ - ***Adult Gerontology CNS & Post Graduate Certificate program not allowed in TX.*** |
| 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 |
| Wyoming | https://nursing-online.state.wy.us/ |

**Your state not listed?** If you are a potential out of state applicant and you do not see your state listed above, please contact the Graduate Dean at (309) 655-2230 to determine the College’s authorization to offer distance education in your home state.

**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, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First letter of your mother’s maiden name: \_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Indicate one or more races that apply:

American Indian or Alaska Native Race and Ethnicity Unknown

Asian Two or More Races

Black or African American Unknown

Native Hawaiian or other Pacific Islander White

Non-Resident Alien

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 Practitioner

\_\_\_Adult-Gerontology Acute Care Nurse Practitioner

\_\_\_Neonatal Nurse Practitioner

\_\_\_Psychiatric Mental Health NP

\_\_\_Nurse Educator

\_\_\_Nursing 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.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date  From 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 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1/22/19

32018

## 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 MSN program. Follow the guidelines carefully, speaking 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.

Please address the following:

* Describe your practice area, which might include opportunities for leadership and collaboration.
* Discuss your current professional role.
* Identify goals for your graduate 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.**