

Master of Science in Nursing Nurse Practitioner Application Packet



(crop photo)

The Mount Marty College tradition of service learning and outreach to underserved populations has stimulated the development of a Master of Science in Nursing program with specialties that will reach those populations and beyond. The learning outcomes from the MMC Master of Science in Nursing programs are based on 'The Essentials for Master's Education in Nursing as published by the American Association of Colleges of Nursing (AACN, 2011).

Family Nurse Practitioners (FNPs) are clinical experts who implement a holistic approach that emphasizes both care and cure. They apply cutting-edge science and manage the health needs of patients in primary care settings. The focus of the FNP program is to provide the academic knowledge and clinical skills necessary for health promotion, disease prevention, assessment, and management of common acute and chronic illnesses.

Admission Requirements and Application Procedure

Admission Requirements

To be accepted/admitted into the Master of Science Family Nurse Practitioner Program, the applicant must meet the following requirements:

- Bachelor's degree in nursing from a ACEN or CCNE accredited program
- Cumulative GPA of 3.00 on a 4.0 scale
- Current licensure as an RN with at least one year (two years preferred) of professional RN practice
- Completion of Basic Life Support (BLS)
- Advance Cardiac Life Support (ACLS), and the Pediatric Advanced Life Support (PALS) certifications required prior to entering clinical
- Three letters of recommendation (must be sent directly to the school)
- Current Resume
- Personal Essay
- An interview will be conducted with each selected applicant as part of the admission process
- Completed health questionnaire, physical exam, immunization record, and criminal background check prior to the start of the first semester, if admitted to the program

Selection Process

The MSN Admissions Committee will carefully review the completed application and supporting material, academic performance, nursing experience, and references. Because class size is limited, not all candidates who meet minimum requirements may be admitted to the program. Interviews will be scheduled with selected applicants. Applicants will be notified of the MSN Admissions Committee decision regarding acceptance into the program within 2 weeks of the personal interview. Incomplete applications, or applications received after the designated deadline, will be reviewed at the discretion of MSN Admissions Committee.

International Students

International students are asked to follow the additional admissions procedures online at:

<https://www.mtmc.edu/future-students/new-students/internationalstudents/>



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MSN – Family Nurse Practitioner Admission Instructions & Checklist

All application materials must be received no later than the application deadline for the term of your interest. Incomplete applications, or applications received after the application deadline, will be reviewed only at the discretion of the Admission Committee.

First Name: _____ Last Name: _____

Email Address: _____

Phone Number: _____

Step 1:

Complete online Masters of Science in Nursing Application Date Submitted: _____

Complete the online application before mailing the completed admission packet or forwarding materials.

Supporting application materials cannot be processed until the online application has been completed and your account has been established.

Please choose a program track:

- Do you currently have a Bachelor of Science in nursing and are looking to obtain your Master of Science in nursing?
- Are you already an Advanced Practice Registered Nurse (APRN) and are looking for your Post-graduate certificate?

Step 2:

Send documents directly to the Mount Marty College Admissions Office

Submit the following items to the MMC Office of Admission.

- ___ One official transcript from each college/university you attended. In order for transcripts to be considered official, they must be sent directly from the institution to Mount Marty College Admissions Office.
- ___ Official transcript verification of classes in which you are currently enrolled.

Step 3:

Application Packet and Checklist

Submit the following items to the MMC Office of Admission. (Do not send directly to MMC Nursing Department.)

- ___ Completed checklist
- ___ \$35 non-refundable application fee made payable to Mount Marty College
- ___ You have been employed as an RN since _____
- ___ 3 unopened recommendation forms.
Give the form to the recommender with a business size envelope (self-addressed and stamped if indicated). The person providing the reference should seal the envelope and place their signature across the flap. The envelope needs to be returned to you, and you will return it unopened in your application packet.
- ___ Complete immunization record and copies submitted as required by the Mount Marty College Nursing Program
- ___ Current resume
- ___ Submission of physical exam and immunization documents that must be completed by a nurse practitioner, physician/physician assistant
- ___ Personal Essay
Describe your goals for graduate study: reasons you selected advanced practice nursing as your career choice and characteristics you offer to this level of practice, service, and research. Essays should be typed and no more than 500 words.
- ___ Photocopy of your current RN licensure
- ___ Photocopy of current Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) completion cards
- ___ Photocopy of other certifications you hold



MSN – Family Nurse Practitioner Admission Instructions & Checklist

(continued)

Please mark the term of your interest: ___ Summer ___ Spring Semester ___ Fall Semester

Mail materials to:

Admission Office Mount Marty College
1105 West 8th St.
Yankton, SD 57078

By signing this document you are agreeing to the following conditions:

- You are giving Mount Marty College Division of Nursing permission to perform a student background check
- Professional liability insurance will be provided by MMC.
- You are agreeing to attend the MSN Intensive Seminars.
- You are agreeing that you have taken a graduate statistics course and the transcript has been sent or that you will take the Mount Marty graduate statistics course.
- You are agreeing to follow all MSN policies and procedures listed in the MSN Student Handbook and Preceptor Handbook.
- All information contained on this application is correct, complete and honestly represented.

Applicant's Signature: _____ Date: _____



MSN-FNP Educational Data Form

Educational Data:

Applicants must possess an appropriate baccalaureate degree from a regionally accredited college or university and have maintained an overall GPA of 3.0 on 4.0 scale. Degrees must be completed with final transcripts submitted prior to enrollment. Appropriate degrees include a baccalaureate degree in nursing.

Nursing Education	Institution	Date Conferred	GPA
Diploma in Nursing			
Associate Degree in Nursing			
Bachelor of Science in Nursing			

Other Degrees	Institution	Date Conferred	GPA

RN Licensure Form

Applicant: _____
Last First Middle Other

At least one year (2 years preferred) of recent nursing experience as a RN is required prior to enrollment. Please indicate experience below.

Clinical Job Site	Type of Unit	# of Beds	Dates of Employment	Hours worked/week	Total months/years of experience
Total months/years an RN		Total months/years in as an RN:			

Answer the following questions. If yes, submit a letter of explanation.

- Yes No Have you ever been on probation or suspended from any place of employment?
- Yes No Within the last three years, have you ever experienced a physical, emotional or mental condition that endangered the health or safety of persons entrusted in your care?


Certificates/Professional Organizations:

Please include photocopies of all certifications held.

- ACLS Certification Yes No Expiration Date: _____
- PALS Certification Yes No Expiration Date: _____
- BLS Certification Yes No Expiration Date: _____

Other Certifications: _____

List the professional organizations you are a member of: _____



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Professional

Applicants must provide C.O.L.E.G.E. Professional Registered Nurse (RN). Please complete the requested information

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below. Include a photocopy of your current nursing license(s).

List all states where you have licensure as a professional Registered Nurse (RN)

State	Status	License # if active	Expiration Date
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive		
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive		
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a nursing license suspended or revoked? If so submit a letter of explanation.			
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been the subject of a Nursing Board disciplinary action? If yes, submit a letter of explanation.			
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been refused a nursing license? If yes, submit a letter of explanation.			
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you aware of any disciplinary action pending on your nursing license?			
List the state in which you were originally licensed as an RN:			

I attest that the information provided in this application is accurate.

Signature: _____ Date: _____



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Reviewed by Nursing Director/Manager

To be completed by applicant. Please type or print:Applicant: _____
Last First Middle Other

I have read and approved this request for information. I voluntarily waive any right of access to this confidential letter of evaluation.

Applicant Signature: _____ Date: _____

To be completed by current Nursing Unit Director/Manager.

The Admissions Committee appreciates your cooperation in determining the applicant's potential for success, both as a graduate student and in an advanced practice role as a nurse anesthetist. Your candid opinion will be appreciated. This information will be held in confidence if the applicant has signed the above waiver.

Please complete your evaluation using the MMC Recommendation Form provided. Place the completed evaluation in the business size envelope provided by the applicant and seal the flap. Next, sign your name across the flap and return it to the applicant. This recommendation is an essential part of the application.

Applicant's General Information

Hospital/Medical Center where employed: _____

Primary Unit: _____

Secondary Unit (if any): _____ # of beds _____ Average hours worked/week _____

How long have you known the applicant professionally? _____

Applicant's Personal Attributes

Please evaluate the applicant in each of the following categories by checking the appropriate column.

Personal Attributes	Excellent	Above Average	Average	Below Average
Integrity				
Emotional maturity				
Motivation				
Social values				
Intellectual ability				
Ability to organize				
Interpersonal skills				
Leadership qualities				
Professional manner				
Performance in critical situations				
Enthusiasm for learning				
Acceptance of criticism				
Communication skills				
Reliability				
Clinical/professional competence				
Critical thinking/analytic abilities				
Self-confidence				
Potential for advanced practice nursing				
Potential for graduate study				
Participation as mentor/preceptor				
Participation Unit Meetings/Committees				

Recommendations by Nursing Unit Director/Manager (Continued)

What are the applicant's strengths?

What are the applicant's weaknesses?

Do you believe the applicant has adequate critical care experience to move on to an advanced practice nursing role?

Comments

Please provide any additional comments that would be of value to the Admission Committee. Feel free to use the space below or attach a letterhead bearing your signature.

Overall Recommendation: Check one

- I highly recommend this applicant I recommend this applicant with reservations
 I recommend this applicant I do not recommend this applicant (please explain under comments)

Evaluator's Information

Name: _____ Title: _____

Signature: _____

May we contact you for additional information/clarification? Yes No

If yes, phone number where you can be reached _____



Recommendations by Professional Peer

To be completed by applicant. Please type or print:

Applicant: _____
Last First Middle Other

I have read and approved this request for information. I voluntarily waive any right of access to this confidential letter of evaluation.

Applicant Signature: _____ Date: _____

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Recommendations by Professional Peer (Continued)

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Recommendations by Medical Provider (MD/DO/CNP/PA-C)

To be completed by applicant. Please type or print:

Applicant: _____
Last First Middle Other

I have read and approved this request for information. I voluntarily waive any right of access to this confidential letter of evaluation.

Applicant Signature: _____ Date: _____

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