

Saint Francis Medical Center
College of Nursing
Peoria, Illinois

Doctor of Nursing Practice



Application for Admission

Saint Francis Medical Center College of Nursing
511 N.E. Greenleaf Street, Peoria, Illinois 61603
Doctor of Nursing Practice

Saint Francis Medical Center College of Nursing is accredited by the Higher Learning Commission and the DNP Program holds program accreditation from the Accreditation Commission for Education in Nursing, Inc. (ACEN), 3343 Peachtree Road NE, Suite 500, Atlanta, Georgia 30326, (404) 975-5000.

Admission Requirements Post Masters DNP:

- A. 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. Evidence of an earned Master's degree in nursing, from an accredited program or school. The Advanced Practice Master's degree should be as either a Clinical Nurse Specialist or Nurse Practitioner.
 5. The DNP-Leadership applicant must have a bachelor's degree in nursing and a master's degree in health administration, leadership, or other masters approved by the Dean of the Graduate Program or the Graduate Committee.
 6. Grade point average (GPA) of 3.2 on a 4.0 scale.
 7. Curriculum vitae with publications listed (if applicable)
 8. Copy of license to practice as a Registered Nurse and Advanced Practice Nurse (for DNP-Clinical option) in state where currently practicing.
 9. The DNP-Clinical applicant must provide evidence of certification in an advanced specialty and 500 clinical hours.
 10. Three letters of recommendation from persons who are able to speak to the applicant's ability to undertake doctoral study. One letter from a nursing faculty from student's master's education is preferred. The references providing the recommendations are to mail their letters directly to the Admissions Office/Graduate Program.
 11. Transcripts must show completion of graduate level health assessment, pathophysiology, and pharmacology.
 12. A 750 – 1,000 word essay outlining goals, objectives and focused area of interest. (See page 5 for instructions.)
 13. Evidence of one year professional nursing experience preferred.
 14. An interview may be requested.
- 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 confirming your admission status.

Online 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:

Maryland	Massachusetts	New York	North Carolina	Oklahoma	Oregon	Wisconsin
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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 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 requirements 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/ - <u>Meets APN licensure requirements.</u>
Indiana	http://www.in.gov/pla/nursing.htm
Iowa	https://nursing.iowa.gov/
Kansas	http://www.ksbn.org/
Louisiana	http://www.lsbm.state.la.us/
Maine	http://www.maine.gov/boardofnursing
Michigan	http://www.msbn.ms.gov/Pages/Home.aspx
Minnesota	http://mn.gov/boards/nursing/
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	http://nmbon.sks.com/
North Dakota	https://www.ndbn.org/
Ohio	http://www.nursing.ohio.gov/
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://tn.gov/health/topic/nursing-board
Texas	https://www.bon.texas.gov/
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 eligibility 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 Doctor of Nursing Practice Program (DNP)

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)

Date of Birth: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Work Phone: _____

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)

APN 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 interested in: _____

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 _____

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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 in order to make a decision on your direct entry into the 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 practice area, which includes your leadership and collaboration ability to work with others.
- ◆ Discuss your current professional role, your analytical thinking, and your synthesis of research findings into practice.
- ◆ Identify 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.

Saint Francis Medical Center College of Nursing
 511 N.E. Greenleaf Street
 Peoria, Illinois 61603
 Fax (309) 624-8973

LETTER OF RECOMMENDATION
Doctor of Nursing Practice Program

The applicant is applying for admission to the Doctor of Nursing Practice degree program at Saint Francis Medical Center College of Nursing. You have been selected by the applicant to submit your comments on the applicant's ability to undertake doctoral education.

Directions: Complete the rating grid by evaluating the applicant in relation to other individuals known in a similar capacity. The information supplied on this form will be used for the purpose of assessing the applicant's qualifications for admission.

Note: Your comments will be held completely confidential if the applicant has signed the statement to "waive the right to inspect" below. Please return the form to: Admissions, Attn: Graduate Program at the College of Nursing.

Applicant's Name _____

Current Address _____

WAIVER

I understand that I have the right to examine this recommendation unless such right is waived. Please indicate below whether or not you wish to waive this right by checking the appropriate box and completing the signature and date.

- I expressly waive the right to inspect this confidential recommendation when it becomes a part of my file at Saint Francis Medical Center College of Nursing. I understand that according to the Family Educational Rights and Privacy Act of 1974 this waiver is optional.
- I do not expressly waive my right to examine or otherwise have access to this recommendation.

 Signature

 Date

	Exceptional	Outstanding	Above Average	Average	Below Average	No Opinion
Motivation for Graduate Study						
Conceptual Ability						
Analytical Ability						
Initiative and Potential for Research						
Integrity						
Ability to Work with Others						
Effectiveness in Writing						

How long have you known the applicant? _____
Years Months

What is your relationship to the applicant?

Under what circumstances have you known the applicant?

What are the applicant's primary strengths?

What are the applicant's primary weaknesses or liabilities? How might these affect the applicant's performance in graduate study?

Please check recommendation _____ Strongly recommend
_____ Recommend
_____ Recommend with reservations
_____ Do not recommend

Name (type or print) Title

Business Address City, State, Zip Code

Signature Date

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