

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

Master of Science in Nursing



Application for Admission

Saint Francis Medical Center College of Nursing

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

Master of Science in Nursing

Saint Francis Medical Center College of Nursing is accredited by the Higher Learning Commission and the MSN 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.

How To Apply For Admission

- A. Please send the following to the Admissions Office:
 1. Non-refundable application fee of \$50.00
 2. Application for Admission
 3. 500-750 word typed essay (see page 5 for instructions)
 4. Copy of RN Licensure
 5. Three letters of recommendation (see #9 below)

Priority Dates - Priority acceptance is given to completed application materials received by April 1st for fall semester and October 15th for spring semester, although applications are accepted year round.
- B. Please request that the registration office of every higher education institution you have previously attended sends an official transcript directly to the Admissions Office. Official transcripts are to come directly from the college or university. Official transcripts issued to the student will not be accepted. 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.
- C. Complete a personal interview with a graduate nursing faculty member if requested.
- D. 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.

Admission Requirements

1. Official transcripts from all colleges and universities attended.
2. Bachelor of Science in Nursing from an ACEN, CCNE, or CNEA accredited program.
3. Grade point average (GPA) of 2.8 on a 4.0 scale.
4. Licensure to practice as a Registered Nurse in one or more states in the USA.
5. Evidence of completion of undergraduate health assessment and nursing research with a minimum grade of “C” for both courses.
6. Evidence of completion of a graduate statistics course with a minimum grade of “B” within the last five years.
7. A 500-750 word typed essay detailing professional and educational goals.
8. Evidence of one year professional nursing experience preferred.
9. 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.
10. The College may request an interview.

Neonatal Nurse Practitioner Option (in addition to the requirements listed above)

1. Must have at least two years of fulltime experience as an RN in a Level III or IV NICU within the past five years before starting clinical courses. May start theory courses without the required clinical experience.
2. Hold and maintain a current Neonatal Resuscitation Program certificate.

Online MSN 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:

District of Columbia	Maryland	Mississippi	New York	Oregon	Tennessee
Kentucky	Massachusetts	New Mexico	North Carolina	South Dakota	Wisconsin

Attention Oklahoma, Minnesota and Texas residents: The College can only accept Family Nurse Practitioner students from Oklahoma and only Adult Gerontology Clinical Nurse Specialists from Minnesota. The College cannot accept Texas residents into its Adult Gerontology CNS or Adult Gerontology Post Graduate Certificate programs.

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 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/ - <i>Meets APN licensure requirements.</i>
Indiana	http://www.in.gov/pla/nursing.htm
Iowa	https://nursing.iowa.gov/
Kansas	http://www.ksbn.org/
Louisiana	http://www.lsbns.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/ - <i>Adult Gerontology Clinical Nurse Specialist students only</i>
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 - <i>Family Nurse Practitioner (FNP) students only</i>
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.lhr.state.sc.us/pol/nursing
Texas	https://www.bon.texas.gov/ - <i>Adult Gerontology CNS & Post Graduate Certificate program not allowed in TX.</i>
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.

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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)

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 October 15th 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)

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: _____
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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:

- | | |
|--|---|
| <input type="checkbox"/> - American Indian or Alaska Native | <input type="checkbox"/> - Race and Ethnicity Unknown |
| <input type="checkbox"/> - Asian | <input type="checkbox"/> - Two or More Races |
| <input type="checkbox"/> - Black or African American | <input type="checkbox"/> - Unknown |
| <input type="checkbox"/> - Native Hawaiian or other Pacific Islander | <input type="checkbox"/> - White |
| <input type="checkbox"/> - 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? _____

Major/Option you selected: _____

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 _____

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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 MSN program. Follow the guidelines carefully, speaking to each item listed below. The paper should be 500-750 words typed. 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.

Saint Francis Medical Center College of Nursing

511 N.E. Greenleaf Street
Peoria, Illinois 61603
Fax (309) 624-8973

LETTER OF RECOMMENDATION

Master of Science in Nursing Program

The applicant is applying for admission to a graduate nursing 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 graduate 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. 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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Signature Date