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:

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<thead>
<tr>
<th>State</th>
<th>District of Columbia</th>
<th>Maryland</th>
<th>Mississippi</th>
<th>North Carolina</th>
<th>South Dakota</th>
<th>Wisconsin</th>
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<tr>
<td>Kentucky</td>
<td>Maryland</td>
<td>New York</td>
<td>Oregon</td>
<td>Tennessee</td>
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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.)

<table>
<thead>
<tr>
<th>State</th>
<th>State Board of Nursing Web Address:</th>
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</thead>
<tbody>
<tr>
<td>Alaska</td>
<td><a href="https://www.commerce.alaska.gov/web/cbpl/professionallicensing/boardofnursing.aspx">https://www.commerce.alaska.gov/web/cbpl/professionallicensing/boardofnursing.aspx</a></td>
</tr>
<tr>
<td>Arkansas</td>
<td><a href="http://www.arsbn.arkansas.gov/">http://www.arsbn.arkansas.gov/</a></td>
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<tr>
<td>Arizona</td>
<td><a href="https://www.azbn.gov/">https://www.azbn.gov/</a></td>
</tr>
<tr>
<td>California</td>
<td><a href="http://www.rn.ca.gov/">www.rn.ca.gov/</a></td>
</tr>
<tr>
<td>Colorado</td>
<td><a href="https://www.colorado.gov/pacific/dora/Nursing">https://www.colorado.gov/pacific/dora/Nursing</a></td>
</tr>
<tr>
<td>Connecticut</td>
<td><a href="http://www.ct.gov/dph/site/default.asp">http://www.ct.gov/dph/site/default.asp</a></td>
</tr>
<tr>
<td>Florida</td>
<td><a href="http://floridansnursing.gov/">http://floridansnursing.gov/</a></td>
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<tr>
<td>Georgia</td>
<td><a href="https://www.ncsbn.org/Georgia.htm">https://www.ncsbn.org/Georgia.htm</a></td>
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<tr>
<td>Idaho</td>
<td><a href="http://ibn.idaho.gov/IBNPortal/">http://ibn.idaho.gov/IBNPortal/</a></td>
</tr>
<tr>
<td>Indiana</td>
<td><a href="http://www.in.gov/pla/nursing.htm">http://www.in.gov/pla/nursing.htm</a></td>
</tr>
<tr>
<td>Iowa</td>
<td><a href="https://nursing.iowa.gov/">https://nursing.iowa.gov/</a></td>
</tr>
<tr>
<td>Kansas</td>
<td><a href="http://www.ksbn.org/">http://www.ksbn.org/</a></td>
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<tr>
<td>Louisiana</td>
<td><a href="http://www.lsbn.state.la.us/">http://www.lsbn.state.la.us/</a></td>
</tr>
<tr>
<td>Maine</td>
<td><a href="http://www.maine.gov/boardofnursing">http://www.maine.gov/boardofnursing</a></td>
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<tr>
<td>Maryland</td>
<td><a href="http://mbon.maryland.gov">http://mbon.maryland.gov</a></td>
</tr>
<tr>
<td>Michigan</td>
<td><a href="http://www.msbn.ms.gov/Pages/Home.aspx">http://www.msbn.ms.gov/Pages/Home.aspx</a></td>
</tr>
<tr>
<td>Minnesota</td>
<td><a href="http://mn.gov/boards/nursing/">http://mn.gov/boards/nursing/</a> - Adult Gerontology Clinical Nurse Specialist students only</td>
</tr>
<tr>
<td>Missouri</td>
<td><a href="http://www.pr.mo.gov/nursing.asp">http://www.pr.mo.gov/nursing.asp</a></td>
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<tr>
<td>Montana</td>
<td><a href="https://www.ncsbn.org/Montana.htm">https://www.ncsbn.org/Montana.htm</a></td>
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<tr>
<td>Nebraska</td>
<td><a href="http://dhhs.ne.gov/publichealth/Pages/crl_nursing_nursingindex.aspx">http://dhhs.ne.gov/publichealth/Pages/crl_nursing_nursingindex.aspx</a></td>
</tr>
<tr>
<td>Nevada</td>
<td><a href="http://nevadanursingboard.org/">http://nevadanursingboard.org/</a></td>
</tr>
<tr>
<td>New Hampshire</td>
<td><a href="http://www.nh.gov/nursing/">http://www.nh.gov/nursing/</a></td>
</tr>
<tr>
<td>New Jersey</td>
<td><a href="https://www.ncsbn.org/New%20Jersey.htm">https://www.ncsbn.org/New%20Jersey.htm</a></td>
</tr>
<tr>
<td>North Dakota</td>
<td><a href="https://www.ndbon.org/">https://www.ndbon.org/</a></td>
</tr>
<tr>
<td>Ohio</td>
<td><a href="http://www.nursing.ohio.gov/">http://www.nursing.ohio.gov/</a></td>
</tr>
<tr>
<td>Oklahoma</td>
<td><a href="https://www.ok.gov/nursing">https://www.ok.gov/nursing</a> - Family Nurse Practitioner (FNP) students only</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td><a href="http://www.dos.pa.gov/Professionallicensing/BoardsCommissions/Nursing/Pages/default.aspx#.Vh-s6k8U_cs">http://www.dos.pa.gov/Professionallicensing/BoardsCommissions/Nursing/Pages/default.aspx#.Vh-s6k8U_cs</a></td>
</tr>
<tr>
<td>Rhode Island</td>
<td><a href="http://www.health.ri.gov/for/nurses">http://www.health.ri.gov/for/nurses</a></td>
</tr>
<tr>
<td>South Carolina</td>
<td><a href="http://www.lifr.state.sc.us/pol/nursing">http://www.lifr.state.sc.us/pol/nursing</a></td>
</tr>
<tr>
<td>Texas</td>
<td><a href="https://www.bon.texas.gov/">https://www.bon.texas.gov/</a> - Adult Gerontology CNS &amp; Post Graduate Certificate program not allowed in TX,</td>
</tr>
<tr>
<td>Vermont</td>
<td><a href="https://www.sec.state.vt.us/professional-regulation.aspx">https://www.sec.state.vt.us/professional-regulation.aspx</a></td>
</tr>
<tr>
<td>Virginia</td>
<td><a href="https://www.dhp.virginia.gov/nursing">https://www.dhp.virginia.gov/nursing</a></td>
</tr>
<tr>
<td>Washington</td>
<td><a href="http://www.doh.wa.gov/">http://www.doh.wa.gov/</a></td>
</tr>
<tr>
<td>West Virginia</td>
<td><a href="http://www.wvrnboard.wv.gov/Pages/default.aspx">http://www.wvrnboard.wv.gov/Pages/default.aspx</a></td>
</tr>
<tr>
<td>Wyoming</td>
<td><a href="https://nursing-online.state.wy.us/">https://nursing-online.state.wy.us/</a></td>
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</table>

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.
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: ________________________________

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

2. 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? __________________________________________________________

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.)

<table>
<thead>
<tr>
<th>Date From</th>
<th>Date To</th>
<th>Name of School</th>
<th>City and State</th>
<th>Major</th>
<th>Credential Earned (Diploma, Certificate Degree, No. of Credits)</th>
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Employment: List your last two work experiences, beginning with the most recent.

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<tr>
<th>Dates From</th>
<th>Dates To</th>
<th>Title of Position</th>
<th>Employer</th>
<th>City and State</th>
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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 ___________________________
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.
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 __________

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</table>
How long have you known the applicant? ________________

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
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.

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Signature ____________________________________________________________________ Date __________

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</table>
How long have you known the applicant? ____________________________

Years

Months

What is your relationship to the applicant?

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Under what circumstances have you known the applicant?

_____________________________________________________________________________________

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What are the applicant’s primary strengths?

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_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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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Current Address____________________________________________________________________

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Date

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Please check recommendation

__________________________ Strongly recommend
__________________________ Recommend
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__________________________ Do not recommend

Name (type or print) ____________________________ Title ____________________________

Business Address ____________________________________________________________________
City, State, Zip Code __________________________________________________________________

Signature __________________________________________________________________________ Date ________________