

**Lincoln Memorial University
MSN Program Application Process Checklist**

1) Take the Graduate Record Examination (GRE)

Have official scores sent to Lincoln Memorial University (LMU) (Institutional reporting code is R1408).The GRE website is: www.gre.org . You can register on line (with credit card), by phone (with credit card)or by mail. The test can be scheduled year round. On the website you can enter your zip code and find the test center nearest you. We strongly recommend that you prepare for the GRE using a review book, CDROM, or a GRE-prep class. It will improve your confidence and your score! **NOTE:** If English is not your native language, take the internet version of the Test of English as a Foreign Language (iTOEFL). The iTOEFL has reading, writing, listening and speaking components. The website for this exam is: <http://www.ets.org/toefl> . Have the official results sent to LMU.

2) Arrange for official transcripts to be sent Have transcripts sent to LMU from each college/university/nursing program or school you have attended. Use **Supplemental Form A ONLY** if your transcript will not show evidence of any of the required undergraduate courses and you want to request a waiver.

3) Arrange for three (3) recommendations (see Graduate Applicant Rating Form)

Consider nursing instructors, supervisors, or professional colleagues with graduate degrees. Provide each person with the form and an envelope. Ask them to complete the form, then to insert it in the envelope, seal the envelope and to sign across the seal and to return the signed, completed form in the signed sealed envelope to you. You should include the sealed recommendation forms (3) in your completed application packet and send to LMU.

4) Complete the MSN application form

Please sign your application.

5) Attach your own resume

Include employment history, military service, academic scholarships, awards and/or honors, professional memberships and awards, professional presentations or publications, and community service activities.

6) Write a letter to the Nursing Admissions Committee

In no more than three (3) typewritten pages, discuss your goals and reasons for wanting to undertake graduate nursing study. Indicate what you hope to do (your career plans) upon program completion.

7) Enclose the non-refundable \$25.00 application fee

Your check/money order should be made payable to Lincoln Memorial University.

PLEASE SEND ALL REQUIRED MATERIALS TO:

**Lincoln Memorial University
Caylor School of Nursing
Graduate Nursing
6965 Cumberland Gap Parkway
Harrogate, Tennessee 37752**

Lincoln Memorial University is an equal opportunity institution and welcomes applications for employment or admission regardless of race, creed, color, national or ethnic origin, gender, sexual orientation, age, disability or religion.

Please see the Graduate Catalog for Nursing regarding additional requirements for admitted students such as health status forms & immunizations, proof of insurance & licensure, CPR certification, drug screens and background checks.

(All materials submitted become the property of the Caylor School of Nursing and cannot be returned to the applicant.)

Ethnicity/Race: _____ (*Voluntary: for reporting purposes only*)

CITIZENSHIP: (*Check appropriate boxes and complete relevant information*)

Are you a U.S. Citizen? Yes No Country of Birth _____ Country of Citizenship _____

Do you currently have a U.S. visa? Yes No If yes, what type? _____ (*specify*)
I entered the U.S. on ____ - ____ - ____ (*Date*). My I-94 expires on ____ - ____ - 20__ (*“admitted until date”*)

CONFIDENTIAL INFORMATION: Clinical placements may require background checks and drug screens. *In certain situations, investigative background reports are ongoing and may be conducted at any time. Access to the program may be denied at any time by the clinical agency or Lincoln Memorial University.*

Are you currently on probation, under court restriction, or have you ever been convicted of a crime other than a minor traffic violation?
 Yes No (*If “yes”, attach an explanation*)

REFERENCES: On the application instruction sheet, you are asked to submit references from a minimum of three healthcare professionals. At least two must from be nursing professionals with graduate degree. Please list the name, address and position of each:

Name	Address	Position

Basic Life Support expiration date: _____
Advanced Cardiac Life Support expiration date: _____
Pediatric Life Support expiration date: _____

LICENSURE INFORMATION:

An unencumbered Tennessee license is required prior to enrolling in clinical courses. Clinical placement in neighboring states may require additional licensure.

In which states are you licensed as a Registered Nurse?

State: _____ License Number: _____ Expires _____

State: _____ License Number: _____ Expires _____

Experience: Number of years/month _____ in adult acute care. Where _____

COMPLIANCE STATEMENT

I hereby certify that the information I have provided in this application is accurate and complete. I understand that the misrepresentation or omission of facts is sufficient cause for denial or dismissal from the program.

Signature of Applicant _____ Date _____

Please send **ALL** completed application materials (this application, your letter, 3 sealed letters of reference, resume) along with a check for \$25 to: **Lincoln Memorial University, Caylor School of Nursing, Attn: MSN Admissions Committee, 6965 Cumberland Gap Parkway, Harrogate, Tennessee, 37752.**

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How did you find out about our program? _____

For MSN Program: Undergraduate Equivalency Form (Supplemental Form A)
Complete only if one or more of the following courses does not appear on your transcript.

Course	How did you obtain proficiency? (circle and fill in as appropriate)	Suggested Documentation (attach copies)
Psychiatric Mental Health Course/Skills (attach separate sheet describing specific skills or competencies)	Integrated in course number _____ titled _____ <hr/> On the job training Where? _____ By whom? _____ <hr/> Continuing education When? _____ Describe: _____ <hr/> CEUs awarded? _____ <hr/>	Syllabus, course outline, or letter from program director/instructor Letter from supervisor describing your instruction and proficiency in physical assessment Description/documentation of CEUs
Nursing Research Course (attach separate sheet describing specific skills or competencies)	Research course in another discipline <hr/> Honors research project <hr/> Involved in clinical trials <hr/> Completion of research nurse certificate <hr/>	Transcript Course outline, syllabus, letter from instructor Transcript Course outline, syllabus, letter from instructor Describe, letter from research director/investigator/ or employer Certificate CEUs
Introductory Statistics Course (attach separate sheet describing specific skills or competencies)	Integrated into a research or science course Course number _____ titled _____ Integrated into a mathematics or probability course Course number _____ titled _____ Extensive upper level mathematics coursework Describe: _____	Transcript Course outline, syllabus, letter from instructor
Basic Computer Course/Skills (attach separate sheet describing specific skills or competencies)	Employer provided training <hr/> Self-taught: Describe: _____ <hr/> Continuing Ed _____ <hr/>	Letter from employer Description of competencies: ie, MS Word; e-mail use; internet use, stats programs, Power Point, etc. CEUs

**The MSN Admissions Committee will review this material and submitted documentation.
 The decision to waive any undergraduate course requirements will be final.**



For MSN Program: Graduate Nursing Student Applicant Rating Form

Section I (to be completed by Applicant): Complete this section before giving this form to the person who will evaluate you. Be sure to indicate whether or not you wish to waive your right to access this reference. Give this form and a business size envelope to the person. Arrange to have the individual return the completed form to you in the sealed envelope. Place all three completed and unopened recommendation forms and all other completed application documents in your application packet and mail to **Lincoln Memorial University, Caylor School of Nursing, Attn: MSN Admissions Committee, 6965 Cumberland Gap Parkway, Harrogate, TN 37752.**

Name (Print) _____ Soc. Sec. Number _____
Last First Middle

Mailing Address _____
Street) City State/Country Zip Cod)

Intended concentration _____ Expected Date of Admission _____

Name of Evaluator to whom you gave this form: _____

How long and in what capacity has this evaluator known you? _____

The Family Education Rights Act of 1974 and its amendments guarantee students access to their educational records. Students can choose to waive their rights of access concerning recommendations. Please indicate your wish by checking the appropriate place below and signing.

I waive my right to inspect this recommendation now and in the future.

I do not waive my right to inspect this recommendation.

Signature Date

Section II (to be completed by Evaluator): This individual has applied for admission to the Masters of Science in Nursing program, Psychiatric Mental Health Nurse Practitioner concentration, at Lincoln Memorial University, Caylor School of Nursing.

The MSN Admissions Committee at LMU values your honest assessment of the applicant's suitability for graduate preparation as an advanced practice nurse. If the applicant has not waived the right to review this rating form, you should consider it non-confidential, and you may choose to return the form uncompleted. Please complete and sign this form, place it in the envelope, seal and sign the envelope across its seal, and return to the applicant. The applicant will mail the unopened recommendation, along with other application documents, to the Caylor School of Nursing.

How long and in what capacity have you known the applicant? _____

Please evaluate the applicant in the following areas:

INTELLECTUAL ABILITY

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

INTEGRITY

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

CLINICAL JUDGMENT

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

EMOTIONAL MATURITY

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

DISPOSITION/ATTITUDE

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

COOPERATION

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

QUALITY OF WORK

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

WORK ETHIC

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

MOTIVATION TO PURSUE ADVANCED PRACTICE PREPARATION

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

How would you rate this applicant in overall ability, motivation, and promise compared with other nurses with similar training and experience who wish to attend graduate school?

(Please circle the appropriate number below.)

4	3	2	1	0	NA
Equal to the best in any program	Will perform at a superior level in graduate school	Performance should be up to the average of most graduate nursing students	Qualifications are marginal, but warrants further consideration <i>(explain below)</i>	Questionable whether admission to graduate school is warranted <i>(explain below)</i>	Unable to judge

Remarks: _____
 _____ (May attach another sheet.)

Signature: _____ Date: _____ Title: _____

Highest Earned Degree: _____ Telephone: _____

E-mail address (optional): _____

Thank you for your assistance.

Please sign, date, & place in the envelope; then please seal & sign the envelope across its seal and return to the applicant.