Lincoln Memorial University
MSN Program Application Process Checklist

☐ 1) Graduate Record Examination (GRE)-This is only recommended; not required
Have official GRE scores sent to Lincoln Memorial University (LMU) (Institutional reporting code is R1408). The GRE website is: www.gre.org. You can register online (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: please take the internet version of the Test of English as a Foreign Language (iTOEFL), if English is not your native language. The iTOEFL has reading, writing, listening and speaking components. The website for this exam is: http://www.ets.org/toefl. Have the official iTOEFL results sent to LMU Graduate Nursing Office.

☐ 2) Arrange for official transcripts to be sent. Have transcripts sent to LMU Graduate Nursing Office from each college/university/nursing program or school you have attended. Electronic transcripts should be sent to patsy.seal@lmunet.edu. Applicants may enclose official transcripts in a sealed envelope with their application.

☐ 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 Graduate Nursing Office.

☐ 4) Complete the MSN application form. Please complete and 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 MSN 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 Office
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.)
Lincoln Memorial University
Caylor School of Nursing
6965 Cumberland Gap Parkway
Harrogate, Tennessee 37752

Master of Science in Nursing – Family Psychiatric Mental Health Nurse Practitioner

APPLICATION FOR ADMISSION
☐ Full Time ☐ Part Time

Please type or print

NAME: ____________________________________________________________

_________________________ ___________________________ ___________________________
Last First Middle Initial Maiden

Social Security Number: ___________________________ Date of Birth: _______ - _______ - 19___ ☐ Male ☐ Female

ADDRESS _______________________________________________________

_________________________ ___________________________ Apt #
Street/Number State/Country Zip

TELEPHONE (Home) ___________________________ (Business) ___________________________ (Cell) ___________________________

If NOT permanent, the above contact information is effective until what date? _______ - _______ - _______ 

PERMANENT ADDRESS: (If different from current address)

_________________________ ___________________________ Apt #
Street/Number State/Country Zip

E-MAIL ADDRESS: __________________________________________________________

EDUCATION*: (List in reverse chronological order all postsecondary institutions attended. Use back of page if needed.)

<table>
<thead>
<tr>
<th>University/School</th>
<th>City/State</th>
<th>Dates Attended</th>
<th>Major/Degree</th>
<th>Graduation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please arrange to have the Registrar of each institution send an official transcript directly to Lincoln Memorial University, Caylor School of Nursing, Attn: MSN Admissions Committee. Transcripts in a foreign language require a certified translation.

OFFICIAL TEST SCORES for the GRE and for the iTOEFL (if applicable) must be reported to Lincoln Memorial University. If you did not originally do so, please contact the testing agency and arrange for an official report to be sent. I have taken the following standardized tests:

GRE: Date: ___________ Scores: General ___________ Verbal ___________ Quantitative ___________ Analytical ___________ Writing ___________

Test of English as a Foreign Language (TOEFL): Date ___________ Scores: Total: ___________ Speaking ___________ Listening ___________

If you have not yet taken the required tests, when do you plan to do so?

Planned GRE Date ___________ Planned iTOEFL Date ___________
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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, Graduate Nursing Office, 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.

How did you find out about our program? __________________________
__________________________________________________________
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, Graduate Nursing Office, 6965 Cumberland Gap Parkway, Harrogate, TN 37752.

Name (Print) ____________________________ Soc. Sec. Number ____________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Mailing Address

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State/Country</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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 Educational 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, Family 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.*

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

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 *(explain below)*
- Questionable whether admission to graduate school is warranted *(explain below)*
- 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.