

Family Nurse Practitioner Concentration

1) Graduate Record Examination (GRE)-This is only recommended; not required

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 Graduate Nursing Office.

2) Arrange for official transcripts to be sent.

Have transcripts sent to LMU Graduate Nursing Office from <u>each</u> college/university/nursing program or school you have attended. Electronic transcripts should be sent to <u>patsy.bolden@lmunet.edu</u>. 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 <u>signed sealed</u> 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 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.

nursing.LMUnet.edu

Master of Science in Nursing – Family Nurse Practitioner APPLICATION FOR ADMISSION ☐ Harrogate-Fall ☐ Kingsport-Fall ☐ Cedar Bluff-Spring \Box Full Time \Box Part Time Please type or print Print Name_____ First Middle Maiden Social Security Number______ Date of Birth_____ Gender: □Male □Female City Number and Street State Zip Code Telephone Number _____ Cell Phone Number _____ If NOT permanent, the above contact information is effective until what date? Permanent Address: (If different from current address, above) City State Zip Code Number and Street Email **EDUCATION*** List in reverse chronological order all postsecondary institutions attended. Use another piece of paper if necessary. Major/Degree DATES GRADUATION CITY & STATE NAME OF INSTITUTION ATTENDED AWARDED DATE *Please arrange to have the Registrar of each institution send an official transcripts directly to Lincoln Memorial University, Caylor School of Nursing, Attn: MSN Admissions Committee (address above). 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: General _____ Verbal ____ Quantitative ____ Analytical ____ Writing ____ Scores: TEST OF ENGLISH AS A FOREIGN LANGUAGE (ITOEFL): DATE: Total _____ Speaking ____ Reading ____ Listening ____ Writing Scores: If you have not yet taken the required tests, when do you plan to do so? Planned GRE Date Planned iTOEFL Date

Ethnicity (optional):

CITIZENSHIP (CHECK APPROPRIAT	TE BOXES A	AND COMPLETE RELEV	ANT INFORMATION)			
Are you a U.S. Citizen? Yes _						
Country of Citizenship:						
Do you currently have a U.S. Visas	? Yes	No If yes, wh	nat type?	(Specify)		
CONFIDENTIAL INFORMATI situations, investigative backgroun be denied at any time by the clinical part of the clini	d reports c	are ongoing and may	be conducted at any tim			
Are you currently on probation, than a minor traffic violation? If yes, attach a letter of explan	Yes		n or have you ever bee	en convicted of a crime other		
Has any academic or disciplinar attended? Yes No If yes, attach a letter of explan	-	een taken against y	ou at any college or un	niversity you have previously		
REFERENCES: On the application healthcare professionals. At least the address and position of each:		com be nursing profes	ssionals with graduate de			
Name		Address		Position		
Basic Life Support expiration data Pediatric Life Support expiration LICENSURE INFORMATION: An unencumbered Tennessee lice placement in neighboring states	date: ense is re may requ	quired prior to enro				
In which states are you licensed	Č			D .		
State:						
Experience: Number of years	s/month		in adult acute care.	Where		
COMPLIANCE STATEMENT						
I hereby certify that the informathat the misrepresentation or on						
gnatureDate						
Please send ALL completed applic with a check for \$25 to: Lincoln M Cumberland Gap Parkway, Harr	ation mate Iemorial U	rials (this application U niversity, Caylor S o	, your letter, 3 sealed let			
Lincoln Memorial University is an regardless of race, creed, color, na						
How did you hear about our progra	ım?					

For MSN Program: Graduate Nursing Student Applicant Rating Form

Section I (to be completed by <u>Applicant</u>): 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 d 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.

Print Name		Social Security Number					
Last	First	Middle	-				
Address					_		
Number and Str	reet	City	State	Zip Code			
Intended concentration		Expected Date of Admission					
Name of Evaluator to whom ye	ou gave this form	:					
How long and in what capacity	has this evaluate	or known you?					
The Family Education Right s Students can choose to waive t the appropriate place below an ☐I waive my right to inspect t ☐I do not waive my right to in	heir rights of according according according to the contract of the contract o	ess concerning recomion now and in the fut	mendations. Pleas				
Signature							
Section II (to be completed by program, Family Nurse Practit					ın Nursıng		
The MSN Admissions Commi- preparation as an advanced pra consider it non-confidential, ar place it in the envelope, seal ar unopened recommendation, alo	ctice nurse. If the ad you may choos ad sign the envelo	e applicant has not wa se to return the form uppe across its seal, and	ived the right to ro incompleted. Pleas I return to the app	eview this rating form, yes se complete and sign this licant. The applicant will	ou should s form,		
How long and in what capac	ity have you kn	nown the applicant?					

Please evaluate the applicant in the following areas: INTELLECTUAL ABILITY _____ Excellent _____ Above Average _____ Average _____ Below Average _____ No basis to rate INTEGRITY _____ Below Average _____ No basis to rate _____ Above Average _____ Average ____ Excellent CLINCAL JUDGEMENT Average ____ Above Average Below Average No basis to rate Excellent **EMOTIONAL MATURITY** Excellent Above Average Average Below Average No basis to rate DISPOSITION/ATTITUDE _____ Average ___ Below Average No basis to rate _____ Excellent _____ Above Average COOPERATION ____ Excellent ____ Above Average _____ Below Average _____ No basis to rate _____ Average QUALITY OF WORK _____ Above Average _____ Average ____ Below Average _____ No basis to rate Excellent WORK ETHIC ____ Above Average ____ Average ____ Below Average ____ No basis to rate Excellent MOTIVATION TO PURSUE ADVANCED PRACTICE PREPARTAION 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 Will perform at a Unable to judge Equal to the best Performance Qualifications are Ouestionable in any program superior level in should be up to marginal, but whether admission graduate school the average of warrants further to graduate school most graduate consideration is warranted nursing students (explain below) (explain below) Remarks: (may attach another sheet if necessary) Signature_____ Date _____ Title _____ Highest Earned Degree: ______ Telephone _____ Email (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.