

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 each college/university/nursing program or school you have attended. Electronic transcripts should be sent to patsy.bolden@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
6965 Cumberland Gap Parkway
Harrogate, Tennessee 37752

CITIZENSHIP (CHECK APPROPRIATE BOXES AND COMPLETE RELEVANT INFORMATION)

Are you a U.S. Citizen? ___ Yes ___ No If no, Country of Birth: _____

Country of Citizenship: _____

Do you currently have a U.S. Visa? ___ Yes ___ No If yes, what type? _____ (Specify)

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, parole, under court restriction or have you ever been convicted of a crime other than a minor traffic violation? ___ Yes ___ No

If yes, attach a letter of explanation.

Has any academic or disciplinary action been taken against you at any college or university you have previously attended? ___ Yes ___ No

If yes, attach a letter of 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: _____ Advance Cardiac Life Support expiration date: _____

Pediatric Life Support expiration date: _____

LICENSURE INFORMATION:

An unencumbered Tennessee license is required prior to enrolling in clinical courses in Tennessee. 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 for denial or dismissal from the program.

Signature _____ **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 hear about our program? _____

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 JUDGEMENT

____ 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 (explain below)	Questionable whether admission to graduate school is warranted (explain below)	Unable to judge

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.