



SCHOOL OF NURSING
Master of Nursing Program

This form is to be completed by all applicants to any of the MN programs and must be submitted with the *School of Graduate Studies Application Form*. All information will be held in the strictest confidence. The information is critical to ensuring we have the resources and expertise to accommodate you in our graduate program planning.

Please note that preference in the NP options is given to nurses currently working in Newfoundland and Labrador.

I. Demographic Information:

Name: _____

Student Number: _____ Email Address: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Numbers: (Home) _____ (Cell) _____

Active Nursing License – Jurisdiction/Registration Number: _____

II. Option and Proof of Hours:

Please choose **one** of the following 3 Program options and complete all the information in that box:

OPTION 1: Practicum

Elective Course: (Please choose **one**)*

N6020: Program Development in Nursing

OR

N6031: Education in Nursing

*Courses are offered in alternate years and, therefore, your first choice may not be available.

Applicants to the Practicum Option must provide proof of the equivalent of 1 year of full-time work experience (1950 hours) in the form of a letter from their employer confirming the hours.

OPTION 2: Nurse Practitioner

Streams of Practice (Select **one** of the following):

Family/All Ages

Adult

Applicants to the Nurse Practitioner Option must provide proof of the equivalent of 2 years of full-time work experience (3000 hours) in the form of a letter from their employer confirming the hours.

OPTION 3: Graduate Diploma in Nursing (Post Master's Nurse Practitioner)

Streams of Practice (Select **one** of the following):

Family/All Ages

Adult

Applicants to the Graduate Diploma in Nursing (Post Master's Nurse Practitioner) must provide proof of the equivalent of 2 years of full-time work experience (3000 hours) in the form of a letter from their employer.

III. Personal Statement and Fit with the MN Program:

Note that this section replaces Questions 1 and 2 under Personal Statement on the School of Graduate Studies application.

All applicants: Please submit a statement (maximum 2 pages) explaining why you want to study at the master's level:

- Explain the link(s) to your experience, expertise and skill set you expect to develop in the MN program.
- Identify your five-year professional goals and how this program will help you reach them.
- Describe your personal philosophy of nursing and how graduate studies may enhance your understanding of nursing as a discipline.
- Include an explanation of how you will manage the workload associated with the MN program given other commitments (e.g., work, family).

Applicants to the practicum option must also:

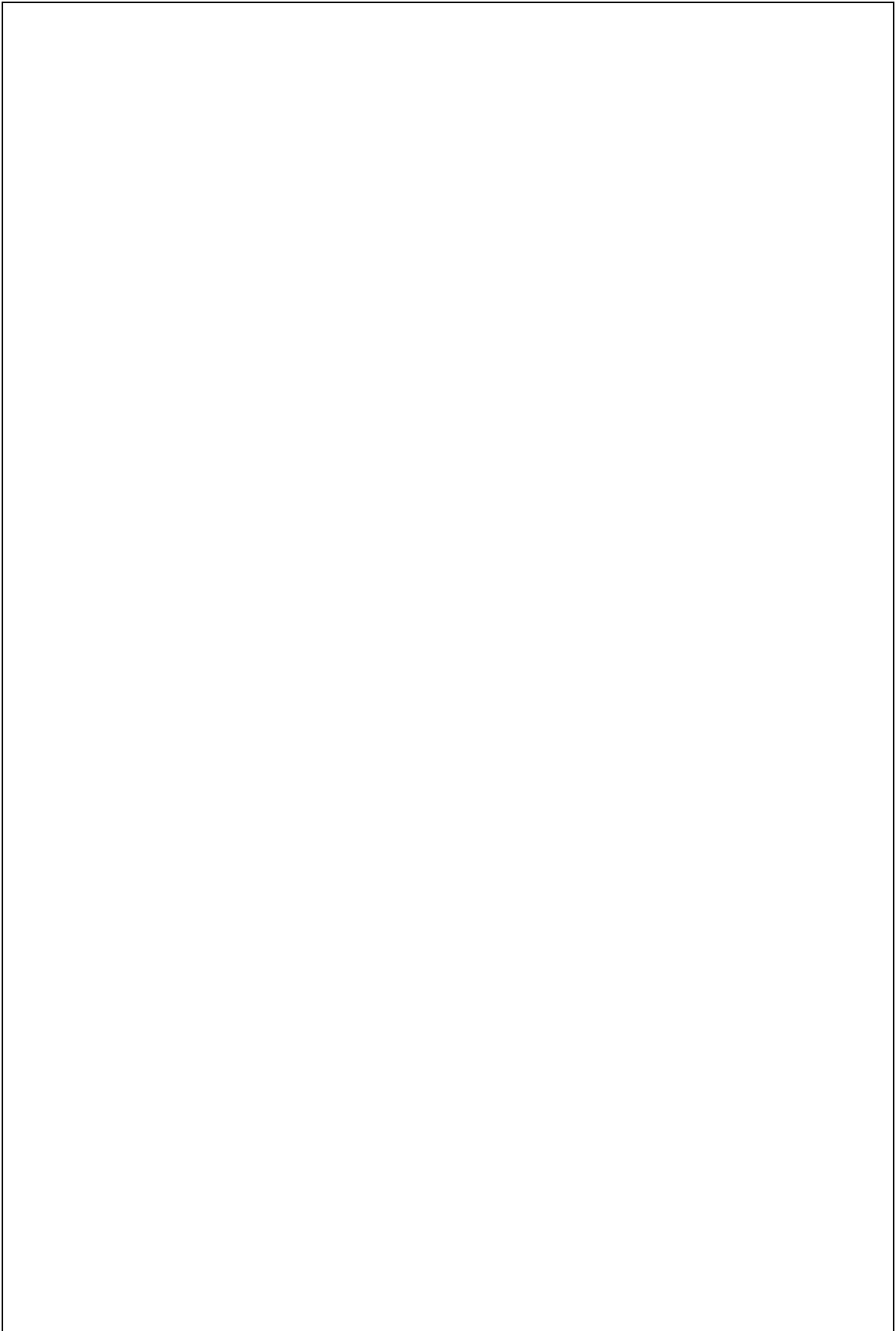
- Be specific about your area of interest for graduate studies (e.g., for a potential practicum project)

Applicants to the NP options must also:

- Be specific about your area of interest for NP practice and how your previous experience will contribute to your learning.
- Suggest clinical areas (community or hospital based) where you would like to complete the clinical components.

Note that MN students are expected to devote at least 12-15 hours per week for each course in the program.

Personal Statement and Fit with the MN Program - maximum 2 pages



IV. Resumé (template)

Please use the template provided below – all items should be in chronological order (starting with most recent).

EDUCATION		
Year Completed (Month/Year)	Diploma/Degree	Institution

EMPLOYMENT HISTORY		
Began/Ended (Month/Year)	Position	Institution

HONOURS/AWARDS RECEIVED (since graduation from high school)			N/A
Year Received	Title	Institution	

RESEARCH STUDIES N/A				
Year	Investigators	My Role	Study Title	Funding Amount

PUBLICATIONS (provide full citation according to APA format) N/A

PRESENTATIONS (provide full citation according to APA format) N/A

COMMITTEES (work and professional) N/A		
Date (year)	Committee	Position/Role

OTHER PROFESSIONAL CONTRIBUTIONS N/A	
Date (year)	Contribution

PROFESSIONAL DEVELOPMENT (e.g., continuing education, conferences)		N/A
Date (year)	Activity	Institution

COMMUNITY VOLUNTEERISM		N/A
Date (year)	Activity	Role

Type name here _____ to “sign” the form. Doing so confirms that the information provided is accurate.

Date: _____

Memorial University protects your privacy and maintains the confidentiality of your personal information. The information requested on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7). It is related directly to the processing of your application for admission to the School of Nursing Master of Nursing Program and will be used for administrative purposes. If you have any questions concerning the collection and use of this personal information, please contact the Academic Program Assistant, Graduate Programs, School of Nursing at MNSON@mun.ca
 Approved by Graduate Studies Committee School of Nursing – August 2017.

Updated August 15, 2018