**Graduate Nursing Form Nurse Practitioner Programs**

This form can be [uploaded under the “Graduate Nursing Form” tab.](mailto:gradapply@mun.ca) This tab will appear after you submit your online application.

**Personal Information**

Name: Student Number:

Current Address:

Telephone: E-mail:

CRNNL Registration Number:

**Employment Verification Letter**

Please upload a letter from your employer(s) with the total # of clinical hours you have worked as a Registered Nurse. You must have a minimum of 3900 hours to be eligible for admission. This letter can be uploaded under the “Employment Verification” tab.

If you are not successful in being admitted to your first choice of program (Nurse Practitioner option) would you be interested in being considered for the second program option (Practicum option)? Please note that you cannot transfer from one program to the other once admitted.

Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_

**Faculty of Nursing Personal Statement**

This statement must explain why you are interested in studying nursing at the graduate level (maximum 500 words) and replaces your statement of interest on your online application. Please use the textbox below to answer this question. Your statement must include:

* Your reason for applying to the program, including your five-year professional goals.
* Your personal philosophy of nursing or personal nursing framework.
* An explanation of how you will manage the workload associated with the MScN/Diploma program given other commitments (e.g., work, family).
* Any other information you think demonstrates your readiness for graduate studies (e.g., post-BN coursework, training, etc.).
* Your specific area of interest for NP practice (include suggestions for future clinical placements). Please note that successful applicants to the Nurse Practitioner option are expected to be able to travel up to 100 kms away from their primary residence to complete their clinical placements during the program. In addition, all clinical placements will occur in the province of Newfoundland and Labrador for the duration of the program.

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I certify that this application is a true and complete disclosure of the information requested.

Name: 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, Faculty of Nursing at [gradnursing@mun.ca](mailto:MNSON@mun.ca) Approved by Graduate Studies Committee Faculty of Nursing – May 2021.