



**Faculty of Nursing  
Master of Science in Nursing Application**

This form is to be completed by all applicants for the MScN programs and Post-Master's Diploma program and uploaded to your online application under "Graduate Student Nursing Application". All information will be held in the strictest confidence.

**I. Personal Information:**

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you wish to self-identify as an Indigenous person in Canada? YES NO

Active Nursing License – Jurisdiction/Registration Number: \_\_\_\_\_

**Note:** Applicants who are admitted to the program are required to maintain their license and be in good standing throughout the duration of the program. Students who are successfully admitted to the program are expected to inform the Faculty immediately if there are any changes in their licensure status at any time such a change occurs. Changes in your licensure status will affect your progression in the program.

**II. Option and Proof of Hours:**

Please choose which of the following program options you are applying for:

**OPTION 1: Practicum**

**Note:** Applicants to the practicum option must provide proof of clinical hours **(1950) achieved by the application due date** in the form of a letter from their employer(s) OR a screenshot of their hours on file with the CRNNL.

**OPTION 2: Nurse Practitioner**

**Note:** For the Fall 2022 intake applicants must be a resident of Newfoundland and Labrador. In addition, applicants to the Nurse Practitioner option must provide proof of clinical hours **(3900) achieved by the application due date** in the form of a letter from their employer(s) OR a screenshot of their hours on file with the CRNNL.

**OPTION 3: Post-Master's Nurse Practitioner Graduate Diploma**

**Note:** For the Fall 2022 intake applicants must be a resident of Newfoundland and Labrador. In addition, applicants to the Diploma option must provide proof of clinical hours **(3900) achieved by the application due date** in the form of a letter from their employer(s) OR a screenshot of their hours on file with the CRNNL.

### III. Interview:

Applicants may be required to attend a virtual interview as part of the application process. Would you be able to participate in a virtual interview?

YES                      NO

### IV. Personal Statement and Fit with the MScN Program:

**Note:** This section replaces the "Statement of Interest" on the School of Graduate Studies application; therefore, you do not need to answer this question on the SGS application.

All applicants: Please upload your personal statement (maximum 500 words) as a **separate Word document** to your online application under "CV". This statement must explain why you are interested in studying nursing at the graduate level. **Your statement must include the following:**

- Explain the link(s) to your experience, expertise and skill set you expect to develop in the MScN 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 MScN program given other commitments (e.g., work, family). Please provide specific examples and strategies.
- Any other information you think demonstrates your readiness for graduate studies (e.g., post-BN coursework, training, etc.).

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.
  - Applicants should note that students are expected to be able to travel up to 100 kms away from their primary residence to complete their clinical placements. Students unable or unwilling to travel may be required to take a leave of absence from their studies.
  - In addition, successful applicants will note that moving locations during the program may impact future clinical placements and their progression in the program.

### V. Curriculum Vitae

Please complete the following, starting with the most recent.

| EDUCATION      |                |             |
|----------------|----------------|-------------|
| Year Completed | Diploma/Degree | Institution |
|                |                |             |
|                |                |             |
|                |                |             |
|                |                |             |

| <b>EMPLOYMENT HISTORY</b> |                 |                    |
|---------------------------|-----------------|--------------------|
| <b>Began/Ended</b>        | <b>Position</b> | <b>Institution</b> |
|                           |                 |                    |
|                           |                 |                    |
|                           |                 |                    |
|                           |                 |                    |

| <b>HONOURS/AWARDS RECEIVED</b><br>(since graduation from high school) |              |                    |
|---|--------------|--------------------|
| <b>Year Received</b>  | <b>Title</b> | <b>Institution</b> |
|   |              |                    |
|   |              |                    |
|   |              |                    |
|   |              |                    |

| <b>RESEARCH STUDIES</b> |                      |                |                    |                       |
|-------------------------|----------------------|----------------|--------------------|-----------------------|
| <b>Year</b>             | <b>Investigators</b> | <b>My Role</b> | <b>Study Title</b> | <b>Funding Amount</b> |
|                         |                      |                |                    |                       |
|                         |                      |                |                    |                       |
|                         |                      |                |                    |                       |

| <b>PUBLICATIONS &amp; PRESENTATIONS</b><br>(provide full citation according to APA format) |
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|  |
|  |
|  |

| <b>PROFESSIONAL DEVELOPMENT</b><br>(e.g., continuing education, conferences) |                 |                    |
|--|-----------------|--------------------|
| <b>Date</b>  | <b>Activity</b> | <b>Institution</b> |
|  |                 |                    |
|  |                 |                    |
|  |                 |                    |
|  |                 |                    |

| <b>OTHER PROFESSIONAL CONTRIBUTIONS</b><br>(e.g., committees) |                     |
|---|---------------------|
| <b>Date</b>   | <b>Contribution</b> |
|   |                     |
|   |                     |
|   |                     |
|   |                     |

| <b>COMMUNITY VOLUNTEERISM</b> |                 |             |
|-------------------------------|-----------------|-------------|
| <b>Date</b>                   | <b>Activity</b> | <b>Role</b> |
|                               |                 |             |
|                               |                 |             |
|                               |                 |             |
|                               |                 |             |

Declaration: 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:gradnursing@mun.ca) Approved by Graduate Studies Committee Faculty of Nursing – May 2021.