



Department of Nursing

SUPPLEMENTAL APPLICATION: ADN - MSN PATHWAYS PROGRAM FALL 2012

The Pathways Program was created to allow R.N.s with Bachelors degrees in disciplines other than nursing to complete the prerequisites for application to Sonoma State University's Master's programs. It is also possible, upon completion of the Pathways community health curriculum, to qualify, by exception, for the Public Health Certificate from the California Board of Registered Nursing.

The applicant's educational and practice background is individually assessed to determine which foundation skills and knowledge have already been met and which courses need to be taken to meet the foundation requirements for the FNP Master's option (Family Nurse Practitioner). The program generally consists of 4 courses which can be completed in one year. One of the courses is a Community Health clinical and will be a full day each week of clinical. **Please note we will not be accepting admissions to L & M for Fall 2012**

Before applying to the Pathways program, you must meet the following minimum criteria, Note there are 2 processes: 1) The CSU application and 2) this Supplemental application

1. Admission to Sonoma State University*
2. R.N., licensed in California
3. BA or BS degree
4. Overall Grade Point Average of 3.0 in last two years (60 units) of college-level coursework
5. Evidence of completion with grade of College level statistics course once in academic career.
6. Evidence of completion of course with grade of. "Development across the Lifespan"

*Application must be made to the University through the Office of Admission & Records on a standard California State University Graduate & Post-Baccalaureate Admission application form. Apply on-line at <http://www.csumentor.edu/AdmissionApp/>

APPLICATION DEADLINE: Postmarked Jan 31, 2012

A complete application (materials enclosed) consists of:

1. Application form
2. 3 Recommendations –see page 4 (submit with application in sealed envelopes)
3. Essay of goals with focus on desired specialty area
4. Paragraph with focus on desired specialty area
5. Copy of RN license
6. \$25.00 non-refundable application fee, made payable to SSU

**Application fees are non-refundable
Only complete applications will be considered**

Keep this form for your reference

**SONOMA STATE UNIVERSITY
SUPPLEMENTAL APPLICATION
FOR NURSING PATHWAYS PROGRAM
FALL 2012**

I am applying to prepare for: _____ MSN Family Nurse Practitioner

Please note if you are applying for FNP for Fall 2012 you must attend the following - no exceptions. Mandatory Program Orientation: Pathways students June 6th 1:30 – 4:00pm

Name: _____

Address: _____

Phone: _____ (home) _____ (cell)

e-Mail: _____
(Note: all correspondence, including admission decision, will be sent to this e-mail)

Permanent Address (if different): _____

Permanent Phone (if different): _____

California RN License # _____ Expires: _____
(Attach a copy of your license)

I certify that my license is current and clear: _____
signature

Indicate your estimated GPA in the last 60 units of college level coursework: _____
(note: you need to submit two official transcripts to Admissions & Records for your University application)

EDUCATION (begin with Bachelor's degree or Nursing education, whichever came first)
ATTACH UNOFFICIAL TRANSCRIPTS

Institution Name	City, ST	Dates Attended	No. of units completed	Degree or Diploma	Date Completed
Required courses					
College level Statistics				Grade	
Institution					
Development Across Lifespan				Grade	
Institution					

EMPLOYMENT

Employer	City, ST	Date(s)	Clinical hours per week	Position Title or Type of work

CERTIFICATION
 To be read and signed by all applicants to certify the accuracy of the information provided

I certify under penalty of perjury, or after first being duly sworn, that I have provided complete and accurate responses to the items on this application. I further certify (swear) all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize release of any information submitted by me in connection with my application to any person, firm, corporation, association or government agency, but only to verify or explain the information, obtain pertinent records, or in connection with perjury proceedings. My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation may be cause for denial or cancellation of admission. I am aware of the mandatory dates and understand the commitment.

Applicant's signature _____ Date _____

MSN Pathways PARAGRAPH AND ESSAY CRITERIA:
PARAGRAPH (ATTACH)
 Explain, briefly, why you believe you have the qualifications for admission to the ADN -MSN Program and once you have completed Pathways to the FNP MSN program, the mission of which is to meet the needs of underserved populations and areas. Include anything you believe is important to the academic track you are choosing, e.g., previous life experience, your nursing goals, beliefs about health care, service and volunteerism.

ATTACH A ONE-PAGE, TYPED ESSAY
 Describe your immediate and long-term goals related to the Pathways MSN program. Include your experiences or ideas about how the following are important for professional nursing practice: research, teaching, publishing, community activities, clinical practice, and professional organizations.

**SONOMA STATE UNIVERSITY
RECOMMENDATION
AND – MSN Pathways to Master of Science in Nursing**
(place in sealed envelope and return to applicant for submission)

APPLICANT'S NAME: _____

Pathways to MSN Track applying for: _____ Family Nurse Practitioner

The above applicant is applying to the **Master of Science in Nursing** program at Sonoma State University. We would appreciate your assessment of this applicant's suitability for entering this Master's level nursing program.

	Below Average	Average	Above Average	Excellent
Adaptability	1	2	3	4
Motivation	1	2	3	4
Ability to express ideas verbally and in writing	1	2	3	4
Problem solving ability	1	2	3	4
Responsibility for own actions	1	2	3	4
Interest in others	1	2	3	4
Leadership skills	1	2	3	4
Goal oriented	1	2	3	4
Sensitivity to others	1	2	3	4
Maturity	1	2	3	4
Clinical Competence	1	2	3	4

Please summarize your recommendation of this applicant:

_____ Do not recommend _____ Hesitate to recommend _____ Recommend _____ Highly Recommend

Signature

Date

Print Name

Phone

Title

Capacity in which you have known this applicant: _____

If you wish this information to be regarded as confidential, please check here _____

If you would like to provide additional comments, please use space below.

Thank you for providing us with this information. Please return this form to the applicant in a sealed envelope.

A COMPLETE APPLICATION CONSISTS OF:

1. This Supplemental Application
2. Essay and paragraph (see criteria, page 3)
3. RN License
4. 3 References (1 Form attached see page 4)
5. \$25.00 non-refundable application fee, made payable to SSU
6. One set of unofficial transcripts with this application
7. Application to the University per [CSU Mentor](#)
8. Two sets of official transcripts sent to Admissions & Records for the University application

Mail completed application and \$25.00 processing fee to: Sonoma State University
Department of Nursing, Nichols 256
1801 E. Cotati Ave.
Rohnert Park, CA 94928

If you wish to apply for financial assistance, contact the Financial Aid Office at 707/664-2389 for an application form

Keep this page for your records

The following information will not be considered in the application process. It is gathered for the purpose of responding to progress reports and submission of grant proposals. Your cooperation in completing this information is appreciated.

Do you have a physical, perceptual, psychological or learning disability? Yes No
 Special services may be available to accommodate your disability. Please contact Disability Services to be registered prior to classes beginning <http://www.sonoma.edu/dss/>

Do you have characteristics which incline you to practice in medically underserved areas or with medically underserved populations (e.g., you are a minority group member, bilingual, bicultural, rural background, etc.)?

Yes No

Please describe: _____

CITIZENSHIP, GENDER, AGE

Birthdate: ____ / ____ / ____

Gender: M F

Citizenship: _____ US Citizen or Resident Alien _____ on Foreign Student visa

ETHNICITY: Please identify

_____ American Indian/Alaska Native

_____ Asian **underrepresented:** I am _____ * (This category includes applicants who identify with **other than the following:** Chinese, Filipino, Japanese, Korean, Asian Indian or Thai).

_____ Asian **not** underrepresented * Please circle. Chinese, Filipino, Japanese, Korean, Asian Indian or Thai

_____ Black Non-Hispanic: I am _____

_____ Hawaiian/Pac Is

_____ Hispanic/Latino _____ White Non-Hispanic

If you identify with **more than one** of the above please list _____

If you identify with **Other** than the above please list: _____

Please list language/s you speak in addition to English; _____

Proposed Curriculum Progression: ATTENTION PLEASE KEEP THIS DESCRIPTION & BRING IT WITH YOU TO THE ORIENTATION indicated in your application	
Fall Semester I	
N ---- Community Health Theory (4)	
N560 Research and Theory in Primary Care (4)	
TOTAL 8 units	
Spring Semester II	
N---- Community Health Clinical (4)	
N564 Health Policy and Advocacy in Primary Care (4)	
TOTAL 8 units	
Grand Total for Pathways = 16 units	
Now you can apply to MSN FNP Program and you can choose full or part- time progression. You have completed the ADN to MSN Pathway additionally you have completed 2 required MSN Core courses.	
After the orientation, where I will have the above explained to me, I understand what my curriculum progression and course flow will be as a student in the ADN to MSN Pathways program.	
Please sign	date