



Department of Nursing

APPLICATION for Fall 2012
MASTER of SCIENCE in NURSING FAMILY NURSE PRACTITIONER

Master's of Science in Nursing program – Family Nurse Practitioner

Applicants must be licensed in California as RN's and must also hold a Bachelor's of Science in Nursing degree. RN's with a Bachelor's degree in another field need to first complete SSU's Pathways* program before applying to their Master's specialty (See Pathways application).

The FNP program collaborates with two distance sites in addition to the on-campus site at SSU – Chico State University and CSU Stanislaus. Courses are on-line using a variety of modalities and students occasionally attend seminars at their local site and **may** need to come to Sonoma 3 or more times during a semester. Clinical preceptorships are conducted in the student's local community with oversight from a local faculty member. The majority of the programs' coursework is web-based and students need to be comfortable in using a computer and the internet.

<p>MSN minimum qualifications to apply:</p> <ol style="list-style-type: none"> 1. R.N., licensed in California 2. BSN degree* 3. Overall Grade Point Average of 3.0 in last 60 units of college-level coursework 4. Successful completion of college level statistics course 	<p>Additional minimum qualifications for FNP track:</p> <ol style="list-style-type: none"> 1. Successful completion of community health nursing course 2. Two years' experience as an RN preferred we will consider other life experiences in healthcare and service. <p>Mandatory orientation for FT students will be June 5th, 2012, 9 – 5 pm Mandatory orientation for PT students will be June 6th, 2012, 9 – 12 noon.</p>
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*SSU offers an on-campus Pathways program for RN's who have a bachelor's degree in an area other than nursing which provides the pre-requisites to our Master's programs. It consists of 3 to 5 classes, depending upon your background and goals, and can be completed in one year. A Pathways application can be downloaded from <http://www.sonoma.edu/nursing>

APPLICATION DEADLINE: Jan 31, 2012 (postmarked)

There are two steps as indicated below **complete BOTH** of them

- Submit this supplemental application, along with a \$25.00 fee, to:
Sonoma State University, Department of Nursing, 1801 E. Cotati Ave., Rohnert Park, CA 94928
- Also submit a CSU Graduate application to SSU's Admissions & Records Department with a \$55.00 fee. Applications are submitted on-line at <http://www.csumentor.edu/AdmissionApp/>. One official transcript from each school since high school need to be sent directly to SSU's Admissions & Records Department.

Application fees are nonrefundable. Incomplete applications will not be considered

Keep this Sheet for your Records

**Sonoma State University, Department of Nursing
MS FNP Nursing Application – FALL 2012**

SITE: SSU On-campus: full and part time available.

At SSU site I wish Full time _____ (Avg. 11 units per semester, 4 semesters). I wish Part time _____ (Avg. 8 units per semester, 6 semesters)

_____ CSU Chico (FNP only Part Time) _____ CSU Stanislaus (FNP only Part Time)

Please note if you are applying for Fall 2012 you must attend the following - no exceptions

Mandatory

Program Orientation: Full time students on June 5th, 2012, 9 – 5 pm for Part time students June 6th 2012, 9 – 12 noon

PERSONAL INFORMATION

Legal Name: _____

Address: _____

Telephone: _____ (Home) _____ (Cell)

E-Mail: _____

(Note: all correspondence, including admission decision, will be sent via e-mail)

LICENSURE

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

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

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

School	All Institutions Location	From		To		# of Units completed		Degree Recvd	Date (to be) Recvd	
		Mo	Yr	Mo	Yr	Sem	Qtr		Mo	Yr

Other name(s) that may appear on your academic records: _____

Are you eligible to re-enroll at all institutions previously attended? Yes No (attach explanation)

PREREQUISITE COURSES

<i>Prerequisite</i>			<i>Met Prereq?</i>		<i>Location and date</i>		
<i>Track</i>	<i>Course</i>	<i>Recency</i>	<i>Yes</i>	<i>No</i>	<i>Institution</i>	<i>Date taken/ to be taken</i>	<i>Grade</i>
FNPI	Statistics (once in college history)	none					
FNP	Community Health	none					

EMPLOYMENT HISTORY

You may omit employment not relevant to your academic goal. Indicate present employer, if now employed.

<i>From</i>	<i>To</i>	<i>Employer</i>	<i>Job Title & Duties</i>

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 _____

Please be aware that in a full time progression working more than 24 hours a week has shown to be detrimental to academic performance and program progression.

A complete application consists of:

1. Application form
2. Three (3) Recommendations. (see page 5) Submit with application in sealed envelopes.
3. Paragraph and Essay See Criteria below
4. Copy of RN license
5. Non-refundable application fee, made payable to SSU (\$25.00)
6. CSU graduate application (submit to SSU's Admissions & Records) <http://www.csumentor.edu/AdmissionApp/>.
7. Transcripts (unofficial set with this application and one official set to SSU Admission & Records for your University application).

MSN PARAGRAPH AND ESSAY CRITERIA:

PARAGRAPH (TYPED ATTACH)

Explain, briefly, why you believe you have the qualifications for admission to the SSU MSN program the mission of which is to meet the needs of underserved populations and areas. Include anything you believe is important to the MSN FNP role such as your previous life experiences, your nursing career, your beliefs about health care, etc.

ATTACH A ONE-PAGE, TYPED ESSAY

Describe your immediate and long-term goals related specifically to the FNP role and meeting the healthcare needs of underserved populations in your career as an FNP.

Application Deadline: Jan 31st, 2012 (postmarked)
Only complete applications submitted by the deadline will be considered

Mail completed application and 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 reference

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

APPLICANT'S NAME: _____

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 the space below.

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

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.

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

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 more than one please list _____

If you identify with **Other** that above please list: _____

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

[Empty rectangular box]

Curriculum Progression: ATTENTION PLEASE KEEP THIS DESCRIPTION & BRING TO THE ORIENTATION of your choice indicated in your application

FNP MSN Full-Time Proposed Curriculum beginning Fall 2012

Fall Semester I	
N509	Advanced Health Assessment (4) Lab/Clinical
N549	Health Promotion Practice in Primary Care (3) Clinical
N501	Health Promotion Theory Righting Disparities (4)
TOTAL 11 units	
Spring Semester II	
N540A	Pathophysiologic Concepts in Primary Care I (3)
N552	Pharmacology in Primary Care (3)
N550A	Clinical Practice in Primary Care I (4) Clinical
TOTAL 10 units	
Fall Semester III	
N540B	Pathophysiologic Concepts in Primary Care II (3)
N550B	Clinical Practice in Primary Care II (4) Clinical
N560	Research and Theory in Primary Care (4)
TOTAL 11 units	
Spring Semester IV	
N562	Advanced Practice in Primary Care Systems (4)
N550C	Clinical Practice in Primary Care III (4) Clinical
N564	Health Policy and Advocacy in Primary Care (4)
N566	Culminating Experience – Clinical/lab (2)
TOTAL 14 units	
DEGREE TOTAL 46	

FNP MSN Part-Time Proposed Curriculum beginning Fall 2012

Fall Semester I	
N501	Health Promotion Theory Righting Disparities (4)
N560	Research and Theory in Primary Care (4)
TOTAL 8 units	
Spring Semester II	
N509	Advanced Health Assessment (4) Lab/Clinical
N564	Health Policy and Advocacy in Primary Care (4)
TOTAL 8 units	
Fall Semester III	
N549	Health Promotion Practice in Primary Care (3) Clinical
Elective (X)	
TOTAL 3X units	
Spring IV	
N540A	Pathophysiologic Concepts in Primary Care I (3)
N552	Pharmacology in Primary Care (3)
N550A	Clinical Practice in Primary Care I (4) Clinical
TOTAL 10 units	
Fall Semester V	

N540B Pathophysiologic Concepts in Primary Care II (3)	
N550B Clinical Practice in Primary Care II (4) Clinical	
TOTAL 7 units	
Spring Semester VI	
N562 Advanced Practice in Primary Care Systems (4)	
N550C Clinical Practice in Primary Care III (4) Clinical	
N566 Culminating Experience – Clinical/lab (2)	
TOTAL 10 units	
DEGREE TOTAL 46	
<p>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 FNP program. I am a _____ Full time, _____ Part time Student</p> <p>Please sign _____ date _____</p>	