



# Missouri State<sup>™</sup>

U N I V E R S I T Y

Dear Prospective Student:

The Department of Nursing appreciates your interest in the Family Nurse Practitioner program at Missouri State University. The University has been offering graduate programs in nursing since 1996 and we are pleased that you are pursuing advanced education. Graduate education provides nurses with many exciting and rewarding opportunities.

The Department of Nursing offers a Master of Science in Nursing (MSN) degree with specialization in the areas of Family Nurse Practitioner or Nurse Educator for nurses who hold a Bachelor of Science in Nursing (BSN) degree. A Post-masters Family Nurse Practitioner certificate program is available for RNs with an MSN degree. All nursing programs are accredited by the Commission on Collegiate Nursing Education (CCNE).

The Department makes every attempt to accommodate the adult learner. Nursing courses are offered online and/or blocked in one day sessions per week. If at all possible, clinical experiences are planned in the student's geographic area of choice. Students are able to remain employed while completing the program; grants and scholarships are available to assist full-time students. U.S. Department of Health and Human Services Advanced Education Traineeship funds have been available to full-time students since 2002 and are expected to remain available. These funds may be used to pay for tuition, books, and other expenses.

We are very proud of our FNP graduates. Currently, our graduates are enrolled in doctoral programs and employed by hospitals and clinics throughout the Southern Missouri and Northwest Arkansas regions. The Family Nurse Practitioner program has a strong history of certification and employment success with a greater than 99% national certification first time pass rate since the program began.

Contact the Missouri State University Department of Nursing if you would like to find out more about our exciting programs and how we can help meet your career goals.

Regards,

A handwritten signature in black ink, appearing to read 'Kathryn L. Hope'.

Kathryn L. Hope, PhD, RN  
Head, Department of Nursing

**MISSOURI STATE UNIVERSITY  
DEPARTMENT OF NURSING**

**MASTER OF SCIENCE IN NURSING APPLICATION  
FAMILY NURSE PRACTITIONER**

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

ADDRESS \_\_\_\_\_  
(Street and Number) (City) (State) (Zip Code)

TELEPHONE (Landline home): \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_

CLOSEST RELATIVE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

LIST ALL EDUCATIONAL INSTITUTIONS YOU HAVE ATTENDED (beyond high school) IN  
CHRONOLOGICAL ORDER:

<b>Name of School</b>	<b>Address</b>	<b>Length of Time</b>	<b>Date of Graduation</b>	<b>Degree or Certification Granted</b>
_____	_____	_____ To _____	_____	_____
_____	_____	_____ To _____	_____	_____
_____	_____	_____ To _____	_____	_____
_____	_____	_____ To _____	_____	_____
_____	_____	_____ To _____	_____	_____

(COMPLETE BACK SIDE OF THIS FORM)

**FAMILY NURSE PRACTITIONER APPLICATION CONTINUED**

LIST ALL WORK EXPERIENCE SINCE GRADUATING FROM YOUR BASIC NURSING PROGRAM:

<u>Position</u>	<u>Organization</u>	<u>City/State</u>	<u>How long Employed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Anticipated Enrollment: Full-time \_\_\_\_\_ (9 credits/semester)  
Part-time \_\_\_\_\_

Many, *if not most*, clinical experiences will occur during daytime hours (e.g. 9-5) and weekdays. Classes also may be scheduled during day time hours, due to resource availability.

Are you able to attend daytime, weekday clinicals and courses? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available for evening courses? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there anything about you not included on your application that you feel we should consider in the admission process?

WHERE DID YOU HEAR ABOUT OUR PROGRAM? \_\_\_\_\_

**MISSOURI STATE UNIVERSITY  
DEPARTMENT OF NURSING**

**FAMILY NURSE PRACTITIONER - MSN ADMISSION CHECKLIST**

***Prerequisites for MSN Program:***

- |                                                          |                                                                    |
|----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Undergraduate Health Assessment | <input type="checkbox"/> Graduate Statistics                       |
| <input type="checkbox"/> Undergraduate Nursing Research  | <input type="checkbox"/> Pathophysiology course                    |
| <input type="checkbox"/> Healthcare Informatics course   | <input type="checkbox"/> Cumulative GPA of 3.0 + (for last 60 hrs) |

***Application Materials:***

- Admission to Graduate College of Missouri State University (<http://graduate.missouristate.edu/>)

**Submit the following to Nursing Dept before February 1st to be considered for admission to nursing specialization.**

- Completed MSN Application     FNP     Post Master's Certificate
- GRE Scores (if cumulative GPA is less than 3.0)
- One-page essay addressing your professional career goals and how the MSN program will help accomplish these goals
- RN license without disqualification    Exp date \_\_\_\_\_  
OR eligibility for MO license if not from MO
- Evidence of tetanus vaccine (within 10 years)    Exp date \_\_\_\_\_
- Evidence of vaccination for, OR immunity to, Hep B
- Evidence of vaccination for, OR immunity to, MMR
- Proof of negative TB status (within 1 year) OR medical follow-up    Exp \_\_\_\_\_
- Varicella (chicken pox) statement of past illness, titer, or vaccination
- Evidence of current CPR certification (adult, child, infant)    Exp date \_\_\_\_\_

***Full acceptance contingent upon submitting the following documentation by April 30th:***

- Evidence of NP Student Liability Insurance    Exp date \_\_\_\_\_
- Evidence of current health insurance
- Criminal background check obtained by Nursing Department
- Drug screening obtained by Nursing Department
- Clinical tracking fee (\$75)
- Admittance letter from department
- Bloodborne pathogen (due annually in August, or before clinicals, whichever occurs first)  
Exp date \_\_\_\_\_