



**MOUNT MARTY**

# MASTER OF SCIENCE IN NURSING

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## FAMILY NURSE PRACTITIONER APPLICATION PACKET

The Mount Marty tradition of service learning and outreach to underserved populations stimulated the development of a Master of Science in Nursing program. The learning outcomes from the Mount Marty Master of Science in Nursing program are based on *The Essentials for Master's Education in Nursing* as published by the American Association of Colleges of Nursing (AACN, 2011).

Family Nurse Practitioners (FNPs) are clinical experts prepared to implement a holistic approach that emphasizes both care and cure. They apply evidence-based practices and manage the health needs of patients in primary health care settings. The focus of the FNP track is to provide the academic knowledge and the clinical skills necessary for health promotion, disease prevention, assessment, and management of acute and chronic illnesses.



The master's degree program in nursing and the post-graduate APRN certificate program at Mount Marty University is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791.

# ADMISSION REQUIREMENTS & APPLICATION PROCEDURE

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To be accepted/admitted into the Master of Science in Nursing Family Nurse Practitioner track, the applicant must submit documentation of the following:

- Bachelor's degree in nursing from an ACEN or CCNE accredited program
- Cumulative GPA of 3.0 on a 4.0 scale (official transcripts from all attended institutions are required)
- Current licensure as an RN with at least one year (two years preferred) of professional RN practice
- Basic Life Support for Healthcare Providers certification.\*
- Three letters of recommendation mailed directly to the Mount Marty Admissions Office by the evaluator
- Current Resume
- Personal Essay
- Criminal Background Check

The MSN Admission Committee will carefully review complete applications submitted before the application deadline including academic performance, nursing experience, references, and supporting materials. Because class size is limited, not all candidates who meet minimum requirements may be admitted to the program. Interviews will be scheduled with selected applicants. Applicants will be notified in writing of the MSN Admission Committee decision regarding acceptance into the program. Incomplete applications or applications received after the designated deadline will be reviewed at the discretion of the MSN Admission Committee.

International students are asked to follow the additional admission procedures online at:  
<https://www.mountmarty.edu/future-students/new-students/internationalstudents/>.

\* For traditional FNP students, Advanced Cardiac Life Support and Pediatric Advanced Life Support certifications are required before the end of the first semester. For FNP post-graduate certificate students, Advanced Cardiac Life Support and Pediatric Advanced Life Support certifications are required before starting any clinical experience.

# FAMILY NURSE PRACTITIONER APPLICATION INSTRUCTIONS & CHECKLIST

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All application material must be received no later than the application deadline for the term of interest. Incomplete applications or applications received after the application deadline will be reviewed at the discretion of the MSN Admission Committee.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ I have been employed as an RN since: \_\_\_\_\_ (mm/yy)

Please select the semester you intend to start: \_\_\_\_ Summer (May) \_\_\_\_ Fall (August) \_\_\_\_ Spring (January)

**Step 1: Before submitting your application packet, please complete the Master of Science in Nursing online Demographic Questionnaire located at: <https://www.mountmarty.edu/future-students/apply/apply-msn-family-nurse-practitioner/>**

**Submission date of online Demographic Questionnaire:** \_\_\_\_\_

**Please choose a Program Track:**

- I currently have a Bachelor's degree in nursing and am looking to earn my Master of Science in Nursing – FNP degree.
- I am an Advanced Practice Registered Nurse (APRN) and am looking to earn a FNP Post-Graduate Certificate.
- I currently have a Master's degree in Nursing and am looking to become a Family Nurse Practitioner.

**Step 2: The following documentation must be submitted to the Mount Marty Admissions Office. Do not send documents to the Mount Marty Nursing Division.**

- One official transcript from ALL colleges/universities attended. For transcripts to be considered official, they must be sent directly from the institutions to the Mount Marty Admissions Office.
- Official transcript verification of classes in which you are currently enrolled.

# FAMILY NURSE PRACTITIONER APPLICATION INSTRUCTIONS & CHECKLIST

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- \_\_\_ Three (3) unopened recommendation forms. Give the form to the recommender with a business sized envelope addressed to Mount Marty Admissions Office, 1105 W. 8th Street, Yankton, SD 57078 and stamped if indicated. The recommender should seal the envelope, sign the flap and send directly to Mount Marty.
- \_\_\_ Current resume
- \_\_\_ Personal essay. Your essay should describe your goals for graduate study, reasons you selected advanced practice nursing as your career choice, and characteristics you offer to this level of practice, service, and research. Essays should be typed and no more than 500 words.
- \_\_\_ Photocopy of current RN license (and APRN license if applicable).
- \_\_\_ Photocopies of current certifications (i.e. BLS, ACLS, PALS, CPI).
- \_\_\_ This completed checklist.

**By signing this document, I agree to the following conditions:**

**Please initial each statement.**

- \_\_\_ I acknowledge a \$100 non-refundable tuition deposit is required upon acceptance.
- \_\_\_ I am giving the Mount Marty Division of Nursing permission to access my student background check.
- \_\_\_ I acknowledge professional liability insurance will be provided by Mount Marty.
- \_\_\_ I acknowledge and agree to attend the MSN seminars (two per semester).
- \_\_\_ I attest that I have taken a graduate level statistics course and the transcript has been sent or that I will take the Mount Marty graduate statistics course (MTH 519).
- \_\_\_ I understand I must have Basic Life Support Healthcare Provider (BLS) upon admission to the MSN program.

**Continued on the next page.**

# FAMILY NURSE PRACTITIONER APPLICATION INSTRUCTIONS & CHECKLIST

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\_\_\_\_ **Traditional FNP Student**

I understand I must have Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) certifications before the conclusion of my first semester.

\_\_\_\_ **Traditional FNP Student**

I understand I must be compliant with all immunization requirements before the conclusion of my first semester.

\_\_\_\_ **FNP Post-Graduate Certificate Student**

I understand I must have Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) certifications before starting any clinical experience.

\_\_\_\_ **FNP Post-Graduate Certificate Student**

I understand I must be compliant with all immunization requirements before starting any clinical experience.

\_\_\_\_ I acknowledge I am financially responsible for tuition, fees, purchases, or charges assessed to my Mount Marty student account.

\_\_\_\_ I agree to follow all Mount Marty and MSN program policies and procedures as presented in current handbooks and the college catalog.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail all application materials to:**

Mount Marty Admissions Office  
1105 West 8<sup>th</sup> Street  
Yankton, SD 57078



# EDUCATION & CERTIFICATION DATA FORM

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Please list other certifications:

Please list professional organizations of which you are a member:

# RECOMMENDATION BY PROFESSIONAL PEER

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**MOUNT MARTY**  
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Applicant please type or print:

Applicant: \_\_\_\_\_  
Last First Middle Other Last Name

*I have read and approved this request for information. I voluntarily give permission to my Professional Peer to complete this recommendation for the Mount Marty MSN program. I voluntarily waive any right of access to this confidential letter of recommendation.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following is to be completed by a current Professional Peer:

The Mount Marty College Admission Committee appreciates your cooperation in determining this applicant's potential for success, both as a graduate student and in an advanced practice role as a nurse practitioner. Your candid opinion is appreciated. This information will be held in confidence if the applicant has signed the above waiver. Please complete your evaluation using this Mount Marty Recommendation form. Place the completed evaluation in the envelope provided by the applicant and seal the flap. Please sign your name across the flap and mail to the Mount Marty Admissions Office – 1105 West 8th Street, Yankton, SD 57078.

How long have you known the applicant professionally? \_\_\_\_\_

What are the applicant's strengths?

What are the applicant's weaknesses?

Do you believe the applicant has adequate registered nurse experience to move on to an advanced practice nursing role?

Please provide any additional comments that would be of value to the Admission Committee. Feel free to use the space below or attach a letterhead bearing your signature.



# RECOMMENDATION BY PROFESSIONAL PEER

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**MOUNT MARTY**  
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	Excellent	Above Average	Average	Below Average	Not Observed
Integrity					
Emotional Maturity					
Motivation					
Social Values					
Intellectual Ability					
Ability to Organize					
Interpersonal Skills					
Leadership Qualities					
Professional Manner					
Performance in Critical Situations					
Enthusiasm for Learning					
Acceptance of Criticism					
Communication Skills					
Reliability					
Clinical/Professional Competence					
Critical Thinking/Analytic Abilities					
Self-Confidence					
Potential for Advanced Practice Nursing					
Potential for Graduate Study					
Participation as a Mentor/Preceptor					
Participation in Unit Meetings/ Committees					

Overall Recommendation: Please check one.

I highly recommend this applicant.

I recommend this applicant with reservations.

I recommend this applicant.

I do not recommend this applicant (Please explain.)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

May we contact you for additional information/clarification?

Yes

No

# RECOMMENDATION BY MEDICAL PROVIDER (MD/DO/CNP/PA-C)

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**MOUNT MARTY**  
UNIVERSITY

Applicant please type or print:

Applicant: \_\_\_\_\_  
Last First Middle Other Last Name

*I have read and approved this request for information. I voluntarily give permission to my Medical Provider to complete this recommendation for the Mount Marty MSN program. I voluntarily waive any right of access to this confidential letter of recommendation.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following is to be completed by a current Provider (MD/DO/CNP/PA-C):

The Mount Marty Admission Committee appreciates your cooperation in determining this applicant's potential for success, both as a graduate student and in an advanced practice role as a nurse practitioner. Your candid opinion will be appreciated. This information will be held in confidence if the applicant has signed the above waiver. Please complete your evaluation using this Mount Marty Recommendation form. Place the completed evaluation in the envelope provided by the applicant and seal the flap. Please sign your name across the flap and mail to the Mount Marty Admissions Office – 1105 West 8th Street, Yankton, SD 57078.

How long have you known the applicant professionally? \_\_\_\_\_

What are the applicant's strengths?

What are the applicant's weaknesses?

Do you believe the applicant has adequate registered nurse experience to move on to an advanced practice nursing role?

Please provide any additional comments that would be of value to the Admission Committee. Feel free to use the space below or attach a letterhead bearing your signature.



# RECOMMENDATION BY MEDICAL PROVIDER (MD/DO/CNP/PA-C)



**MOUNT MARTY**  
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	Excellent	Above Average	Average	Below Average	Not Observed
Integrity					
Emotional Maturity					
Motivation					
Social Values					
Intellectual Ability					
Ability to Organize					
Interpersonal Skills					
Leadership Qualities					
Professional Manner					
Performance in Critical Situations					
Enthusiasm for Learning					
Acceptance of Criticism					
Communication Skills					
Reliability					
Clinical/Professional Competence					
Critical Thinking/Analytic Abilities					
Self-Confidence					
Potential for Advanced Practice Nursing					
Potential for Graduate Study					
Participation as a Mentor/Preceptor					
Participation in Unit Meetings/Committees					

Overall Recommendation: Please check one.

I highly recommend this applicant.

I recommend this applicant with reservations.

I recommend this applicant.

I do not recommend this applicant (Please explain.)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

May we contact you for additional information/clarification?  Yes  No

# RECOMMENDATION BY NURSING DIRECTOR/MANAGER

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**MOUNT MARTY**  
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Applicant please type or print:

Applicant: \_\_\_\_\_  
Last First Middle Other Last Name

*I have read and approved this request for information. I voluntarily give permission to my Nursing Director/Manager to complete this recommendation for the Mount Marty MSN program. I voluntarily waive any right of access to this confidential letter of recommendation.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following is to be completed by a current Nursing Unit Director/Manager:

The Mount Marty MSN Admission Committee appreciates your cooperation in determining this applicant's potential for success, both as a graduate student and in an advanced practice role as a nurse practitioner. Your candid opinion will be appreciated. This information will be held in confidence if the applicant has signed the above waiver. Please complete your evaluation using this Mount Marty Recommendation form. Place the completed evaluation in the envelope provided by the applicant and seal the flap. Please sign your name across the flap and mail to the Mount Marty Admissions Office – 1105 West 8th Street, Yankton, SD 57078.

How long have you known the applicant professionally? \_\_\_\_\_

What are the applicant's strengths?

What are the applicant's weaknesses?

Do you believe the applicant has adequate registered nurse experience to move on to an advanced practice nursing role?

Please provide any additional comments that would be of value to the Admission Committee. Feel free to use the space below or attach a letterhead bearing your signature.



# RECOMMENDATION BY NURSING DIRECTOR/MANAGER



**MOUNT MARTY**  
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	Excellent	Above Average	Average	Below Average	Not Observed
Integrity					
Emotional Maturity					
Motivation					
Social Values					
Intellectual Ability					
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Leadership Qualities					
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Clinical/Professional Competence					
Critical Thinking/Analytic Abilities					
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Potential for Advanced Practice Nursing					
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Participation as a Mentor/Preceptor					
Participation in Unit Meetings/ Committees					

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I recommend this applicant.

I do not recommend this applicant (Please explain.)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

May we contact you for additional information/clarification?

Yes

No