**APPLICANT**

**BACKGROUND INFORMATION**

# MASTER OF NURSING

Advanced Clinical-Nurse Practitioner Focus\*

(\*Please note that this focus is only open to applicants with Nursing registration in Canada)

Please provide the following information pertaining to your academic and professional background and career goals. Please offer a response in each section (up to ½ page maximum length per section). All information will be held in confidence. This information is reviewed by the Faculty of Nursing Admissions Committee as part of the admissions selection process. Your responses will assist in the appraisal of your professional interests and career plans, and your fit with our faculty and programs. This document will also be shared with an academic advisor who will be assigned to each successful applicant.

**NOTE:** Handwritten documents will not be accepted.

**Applicant Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Format:**

Thesis-based or Course-based:

Full-time or Part-time:

**Statistics and research courses should have been completed within the previous 6 years, and should have received a grade of at least B. Please indicate which courses from your previous studies meet the following requirements:**

1. Undergraduate course in Statistics

Course #:

Course Name:

Final grade:

Year completed:

1. Undergraduate course in Research Methods:

Course #:

Course Name:

Final grade:

Year completed:

If the final grade was B or lower, or if it has been more than six years since these courses were completed, please indicate your plan to address this requirement:

**Please list all provinces where you currently hold active RN licensure. Please attach proof of registration.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Province** | **RN Registration #** | **Date when renewal is due?** | **Proof of registration is appended** |
|  |  |  |  |
|  |  |  |  |

**PROGRAM INFORMATION**

**MN Program Areas of Advanced Focus: Select one only**

|  |  |
| --- | --- |
| Clinical (Nurse Practitioner - Adult) **\*** | ☐ |
| Clinical (Nurse Practitioner - Family/All Ages**\*** | ☐ |
| Clinical (Nurse Practitioner – Neonatal**\*** | ☐ |

**\**Advanced Clinical Focus – Nurse Practitioner*** *studies lead to eligibility to apply for licensure for entry to practice as an NP. To be eligible to apply for the Advanced Focus (Clinical NP), you must be a registered nurse in Alberta or in another Canadian jurisdiction (normally your home province) and have completed 4,500 hours of RN practice that is relevant to the area of focus that you have selected above.*

***Required clinical hours must be completed prior to program admission.*** *Applicants interested in the Adult Area of focus should have current experience in adult nursing care, while applicants interested in Family/All Ages should have experience in both adult and child nursing care.*

*If admitted, in which Canadian province are you planning to reside during your clinical placements in this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Please summarize your practice hours in the following table, or provide additional documentation verifying your clinical practice hours.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer and setting**  **(e.g. RAH Emerg; Stollery outpatient clinic)** | **Dates** | **RN role**  **(staff nurse, educator, manager)** | **Nature of practice hours (adult, peds, community, acute care)** | **Number of hours** |
|  |  |  |  |  |
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**(Add rows as needed)**

**I attest that the information that I have provided on this form is accurate and current.**

**Please attach your resume/CV ((a separate document that can be uploaded to Department Check 1 on the MN application) including the following information:**

1. Previous education
2. Professional work experiences
3. Awards or scholarships
4. Publications or presentations
5. Community and professional memberships
6. Continuing education (courses/workshops in past 5 years)

**CAREER PLANS** Describe your relevant work experience and how the Master of Nursing program will advance your professional development and future clinical / professional career goals. Please comment on your reasons for pursuing master’s studies at this time in your career.

**ADVANCED CLINICAL - NP FOCUS OF STUDY**  Describe your clinical interests and rationale for pursuing Nurse Practitioner studies.

**THESIS OR COURSE-BASED ROUTE** All master’s students complete either a thesis project or a capstone project as part of their program of studies. Please provide a rationale for your choice of thesis or course-based route. Describe your beginning ideas about plans for your topic for the thesis or capstone project.

**RESEARCH AND SCHOLARLY ACTIVITIES** Identify and describe any research or scholarly activities (i.e. Research Assistant, research practicum, research project participation, quality improvement projects, practice guideline development), as well as products of these activities (i.e. reports, publications, presentations) with which you have been involved.

**COMMUNITY AND PROFESSIONAL INVOLVEMENT** Describe how your community and professional involvement, over the past five years, demonstrates your professional leadership and commitment.

**DIVERSITY, EQUITY, AND INCLUSION (EDI):** The Faculty of Nursing and University of Alberta are committed to creating learning communities characterized by respect, equity, diversity, and inclusiveness. Describe your approach to understanding perspectives of other people from diverse backgrounds, activities taken for personal growth in this area, and how you have led or participated in EDI initiatives in your professional roles.

**ADDITIONAL COMMENTS:** Are there any other considerations or other information (including aspects related to EDI) that you would like to offer the Admissions Committee in their assessment of your unique background?

**PROGRAM EXPECTATIONS** What activities, skills, expertise and experiences do you expect to gain in this program?

**ACADEMIC ADVISOR:** Based on the information that you provide in your application, successful applicants will be assigned an academic advisor following admission.Please identify 2-3 faculty members that you would be interested in working with and describe your rationale for selecting these individuals. (Please do not contact these individuals directly) Refer to website for [faculty profiles https://www.ualberta.ca/nursing/programs/graduate-student-resources-and-services/finding-a-supervisor.html](https://www.ualberta.ca/nursing/about/contact-us-and-people/faculty-staff/faculty.html)

**CAN YOU SPARE A FEW MORE MINUTES?**

PLEASE ASSIST US BY ANSWERING THE FOLLOWING QUESTIONS:

How did you learn about our program? (Please check off as many items as are applicable.)

* Advertisement in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (publication)
* Faculty of Nursing website
* Social media (Twitter, Facebook)
* Word of mouth
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What factors were most significant in your decision to apply to our program?

* Reputation of University
* Reputation of MN program and Faculty members
* Scholarship or potential funding
* Program description/materials
* Location
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Faculty of Nursing, Graduate Studies Office would like to recognize the awards and accomplishments of graduate students. This is to highlight the hard work being done in the Faculty. It may also assist in recruiting potential graduate students. Under FOIPP regulations, the Faculty of Nursing seeks your permission to post the following information about you. Please check the appropriate boxes below. Note that you may ask, at any time, to have your information removed by contacting the Graduate Services Office.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give the Faculty of Nursing, Graduate Studies Office permission to publish the following on FoN bulletin board or newsletter during the time that I am registered in the Faculty of Nursing’s graduate programs:

Please indicate with a checkmark the items that you agree to have communicated:

* Your name
* Positive milestones (candidacy exams and thesis defenses passed, scholarships and honours awarded, etc.)
* Your successful publications
* I do not wish to have any information about me communicated

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

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that *Act*. It will be used for the purpose of highlighting awards and program accomplishments. Direct any questions about this collection to: FOIPP Liaison Officer: Telephone: (780) 492-7321; Faculty of Nursing, Level 3, Edmonton Clinic Health Academy, University of Alberta, Edmonton, Alberta, T6G 1C9