



University
of Windsor

FACULTY OF NURSING

APPLICATION MATERIALS FOR GRADUATE PROGRAMS IN NURSING

The following represents a summary of the application materials that must be returned to:

University of Windsor
Registrars Office – Graduate Studies Division
401 Sunset Ave.
Windsor, ON N9B 3P4

ALL Applicants will require:

1. One completed on-line *APPLICATION FOR ADMISSION*, www.uwindsor.ca/gradapp.
2. **THREE FACULTY OF NURSING** confidential reports found below. The forms are to be completed by referees who are academics/professionals. One confidential report must be from a current/recent employment supervisor. You must use the Faculty of Nursing confidential report rather than the generic university confidential report.
3. **OFFICIAL TRANSCRIPTS** of all undergraduate and graduate work from all colleges or universities attended.
4. **CERTIFICATION OF ENGLISH PROFICIENCY** (official IELTS or CELBAN) if you are an applicant from abroad and your native language is not English.
5. **CNO Registration (For Registered Nurses ONLY)**. You must be currently registered or eligible for registration with the College of Nurses of Ontario. If you are **currently registered** with the College of Nurses of Ontario, please include a copy of **Find a Nurse** from the CNO website - www.cno.org. If you are **not currently registered** then you must provide proof from CNO that you are eligible for registration.
6. **APPLICANT PROFILE** attached in this document.
7. **NARRATIVE STATEMENT OF PROGRAM INTEREST** outlining your goals in seeking graduate Education – guidelines found below.
8. Individuals applying to the **MN - NP FIELD OR NP GRAD DIPLOMA** must also complete the Verification of Employment Hours Form and the NP Personal Essay Questions included at the end of this package.

*** Please Note: Internet Explorer must be used to complete the documents on line. Please print once completed.**

For Further information, please contact Dr. Michelle Freeman, Graduate Coordinator or Ms. Anne Dennahower, Graduate Secretary, Faculty of Nursing, (519) 253-3000 ext. 2258.



University of Windsor

FACULTY OF NURSING APPLICANT PROFILE

1. Name _____
2. Address _____
3. Telephone: Home (____) _____ Work (____) _____
4. Present Position _____
5. Professional Experience:

Agency	Position	Year
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to
_____	_____	to

6. Membership in Professional/Community Organizations

7. Volunteer Experience

8. Honours and Awards

9. **MScN and MN** applicants must have successfully completed a **statistics course within the last 7 years**. Please indicate below:

Statistics Course # _____ Date Completed _____

10. Specific Clinical Interest(s) and Expertise

11. Areas of Research Interest

12. Publications and Conference Presentations (attach additional page if needed)

13. Teaching or Teaching Assistant Experience

14. Please indicate the program you are applying for.

1. Master of Science in Nursing (MScN)

- Nursing Leadership Field
- Advanced Clinical Practice Field

2. Master of Nursing (MN)

- Nursing Leadership Field
- Advanced Clinical Practice Field
- ** Nurse Practitioner Field
- MN (For individuals with a completed Primary Health Care NP Certificate)

3. ** NP Graduate Diploma (For BScN prepared RNs with a completed master's degree – nursing or health related master's degree preferred)

4. Graduate Diploma in Advanced Practice Oncology/Palliative Care

15. Narrative Statement of Program Interest.

Please attach a statement of up to 400 words discussing: your reasons for seeking graduate education; how your clinical and research interests fit with the program area of focus you have selected; your professional and educational goals subsequent to achieving a Master's degree or Graduate diploma; and any other pertinent information relative to your application.

**** Individuals applying for the MN-Nurse Practitioner Field or the NP Graduate Diploma must also complete the NP Verification of Employment Hours Form and the NP Personal Essay Questions included at the end of this package.**



University of Windsor

FACULTY OF NURSING

CONFIDENTIAL REPORT ON APPLICANT FOR GRADUATE STUDY IN NURSING

Name of Applicant _____
Last First Middle

This section is to be completed by the referee and can be returned directly to the Registrar’s Office - Graduate Studies Division, University of Windsor, 401 Sunset Ave., Windsor, ON N9B 3P4. If the confidential report is returned to the applicant then it must be in a sealed envelope with the referee’s signature across the flap.

How long and how well have you known the applicant? What is the relationship? _____

Please rate the applicant relative to other students or employees in recent years

	Outstanding	Very Good	Good	Average	Poor	Unable to Judge
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for the Proposed Program of Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Express Self in Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Express Self Verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please rank this applicant as a candidate for a Master's degree or Graduate Diploma.

Unsuitable Doubtful Recommended Highly Recommended

4. In the space below or in a separate letter, please add any comments that will assist in providing a complete picture of the applicant's abilities and potential.

Signature _____ Date _____

PLEASE PRINT

Referee's Name _____

Title _____

Institution _____

Phone (_____) _____

Ontario Primary Health Care Nurse Practitioner Program Verification of Employment Hours

Section 1: TO BE COMPLETED BY THE APPLICANT AND SENT TO THE EMPLOYER. PLEASE PRINT
Photocopies of this sheet may be made to distribute to all employers in last 5 years.

Surname: _____ Given Name(s): _____ Dates of Employment:
FROM: _____
DD/MM/YY
TO: _____
DD/MM/YY
Maiden Name (if applicable) _____

I, _____, am applying to the Ontario Primary Health Care Nurse Practitioner Program. In order to
PLEASE PRINT NAME
process my application, the University to which I am applying is requesting your institution provide information with respect to my employment status. I hereby give
my previous and/or present employer(s) consent to provide any and all information in its possession to the University to which I am applying regarding my type and
length of employment.

Applicant Signature: _____ Date: _____
DD/MM/YY

ATTENTION APPLICANT: DO NOT COMPLETE SECTION 2

Section 2: TO BE COMPLETED BY THE EMPLOYER AND RETURNED TO THE CANDIDATE IN A SEALED ENVELOPE. Please sign a sealed envelope to ensure confidentiality. Information obtained may be shared with the applicant separately if desired.

NAME OF EMPLOYEE: _____ Dates of Employment
FROM: _____
DD/MM/YY

TOTAL HOURS WORKED within the Last Five years: _____
TO: _____
DD/MM/YY

EMPLOYMENT AGENCY NAME: _____

CITY _____ PROVINCE _____

COUNTRY _____ POSTAL CODE _____

TELEPHONE NUMBER () _____ FAX NUMBER () _____

PLEASE CHECK THE FOLLOWING TYPE OF EMPLOYMENT SETTING(S) WHERE THIS EMPLOYEE HAS PRACTISED AT YOUR FACILITY:

LONG-TERM CARE:

Chronic Care
Rehabilitation
Home for the Aged
Retirement Home
Nursing Home
Other, please specify _____

ACUTE CARE:

Medical/Surgical
Mental Health
Pediatric
Maternal/Child
Other, please specify _____

COMMUNITY CARE:

Public Health
Visiting Nursing
Independent Clinic
Community Clinic
Other, please specify _____

I hereby certify that the information given is true and complete.

Name (please print): _____ Title: _____

Signature: _____ Date: _____
DD/MM/YY

NP Personal Essay Questions/Instructions

The personal essay is an important part of the secondary screening of candidates for admission to the Ontario PHCNP Program. The scores will be based on your ability to address the items in a comprehensive and personal matter. It is suggested that you will include examples of personal experience within your responses. Answers that are overly brief and very general will not be highly scored. Your written submission contributes strongly toward determining whether you are selected for admission to the Ontario PHCNP Program.

Questions:

1. What is your motivation for wanting to become a PHCNP?
- 2a. What professional and personal attributes from your work and/or academic background do you bring to the PHCNP Program?
- 2b. How are these attributes relevant to your future role as a PHCNP in the health care delivery system?
3. Please describe your understanding of primary health care. How are NPs important in the delivery of primary health care to diverse populations?

Instructions:

- Please answer the three (3) questions above.
- Replies must be typed and not to exceed 4 pages of double-spaced, 12-point font print in total. Only the first 4 pages will be read. Replies to each question need not be of equal length.
- Number your answers to correspond to the questions below.
- Submit the original and 2 copies of all pages to the university to which you have applied.