



Department of Nursing

APPLICATION for Fall 2014 Post-Master's Family Nurse Practitioner Certificate

The Post-Master's Family Nurse Practitioner Certificate program accepts applications from students who live in distance and rural areas for example Chico, Stanislaus and the North Coast. Applicants must be aware that on campus attendance is required and mandatory for some didactic courses/labs in a limited and intensive manner. Clinical coursework can be completed in one's "home area" with required on-campus seminars and testing 1-2 times per semester. Courses are on-line using a variety of modalities however in the N509 Advanced Assessment course students **will** need to come to the SSU campus 8 or more times during the semester they are taking that course. 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. This is a 4 semester program. Fees are approximately \$18,000 for the entire program approximately \$500/unit + books and equipment.

To qualify for the post-Master's Family Nurse Practitioner Certificate program, you must meet the following minimum criteria:

- ☐ Master of Science in Nursing
- ☐ R.N., licensed in California (must complete clinical coursework in California)
- ☐ One years' experience as an R.N. Required (we will consider other life experiences in healthcare & service.)
- ☐ Overall Grade Point Average of 3.0 in graduate program coursework

APPLICATION DEADLINE: Postmarked Jan 31, 2014

A complete supplemental application (materials enclosed) for the FNP Certificate program consists of:

1. Application form
2. 3 Recommendations (submit with application in sealed envelopes)
3. Essay
4. Official transcripts of your Master's, baccalaureate and RN programs
5. Current copy of your RN license that demonstrates a free and clear license
6. \$60.00 non-refundable credentials review fee, made payable to SSU (included with application)

Submit complete application to: Sonoma State University
Nursing Department, Nichols 256
1801 E. Cotati Ave.
Rohnert Park, CA 94928

**An incomplete application cannot be considered
Application fees are non-refundable**

Keep this page for your records

**Sonoma State University, Department of Nursing
Post-Master's FNP Certificate Application - Fall, 2014**

SITE: Full time 4 semester progression only available

Please note if you are applying for Fall 2014 you must attend the Mandatory Orientation, no exceptions. Failure to attend will forfeit your admission. Orientation dates will be posted on Nursing website: www.sonoma.edu/nursing

PERSONAL INFORMATION

Name: _____

Address: _____

_____, _____

If you live in California, list County of residence: _____

Telephone: _____ (Home) _____ (Cell)

E-Mail: _____

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

LICENSURE

California RN License # _____ Expires: _____ **Attach a copy of your license**
License must be submitted by August 1, 2014 or your admission will be forfeited

I certify that my license is current and clear: _____

Signature

EDUCATION (whichever came first) **ATTACH OFFICIAL 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)

EMPLOYMENT HISTORY

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

From	To	Employer	Job Title & Duties

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.

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 _____

POST MASTERS CERTIFICATE ESSAY CRITERIA:

ONE PAGE ESSAY (TYPED ATTACH)

Explain 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 your future role as an MSN FNP for example, your previous life experiences, your nursing career, your beliefs about health care, your experience in working with underserved populations, overseas work, volunteering and paid work, ability to communicate in another language, etc.

SONOMA STATE UNIVERSITY
RECOMMENDATION (Need 3)
Post-Master's FNP Certificate Program
(Place in sealed envelope and return to applicant for submission)

APPLICANT'S NAME: _____

The above applicant is applying to the **Post-Master's Family Nurse Practitioner Certificate** program at Sonoma State University. We would appreciate your assessment of this applicant's suitability for entering this 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.

Revised 10/13

Nursing Department Office 707/664-2465

website: www.sonoma.edu/nursing

A complete application consists of:

1. Application form
2. Essay (See criteria on page 3)
3. 3 Recommendations (See form attached page 4) submit with application in sealed envelopes)
4. Copy of RN license that demonstrates a free and clear license
5. Non-refundable credentials review fee, made payable to SSU (\$60.00)
6. Official transcripts of your MSN, BSN and RN programs attached in sealed envelopes

Application Deadline: Jan 31, 2014

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

If you have a physical, perceptual, psychological or learning disability, 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/>

Keep this page for your reference

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.

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, bi-cultural, rural background, etc.)?

Yes No

Please describe: _____

CITIZENSHIP, GENDER, AGE

Birthdate: ____ / ____ / ____

Gender: M F Transgender

Citizenship: ____ US Citizen or Resident Alien ____ on Foreign Student visa

ETHNICITY: Please identify: this data is necessary to collect for OSHPD Funding

____ American Indian/Alaska Native

____ Asian **underrepresented:** I am ____ (This category includes applicants who identify with **other than one of 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 please list: _____

If you identify with **Other** than above please list: _____
(please list)

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

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

Post MSN Certificate Curriculum beginning Fall 2014

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

TOTAL 8 units

Spring Semester IV

N562 Advanced Practice in Primary Care Systems (4)

N550C Clinical Practice in Primary Care III (4) Clinical

TOTAL 14 units

CERTIFICATE TOTAL 36

After the orientation, where I will have had the above explained to me, I understand what my curriculum progression and course flow will be as a student in the FNP Post MSN CERT program.

Please sign

date