

FRANCES PAYNE BOLTON
SCHOOL OF NURSING

CASE WESTERN RESERVE
UNIVERSITY

APPLICATION INSTRUCTIONS
Graduate Entry Program-
Certificate of Professional Nursing to
Master of Nursing (MN) Degree

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| Deadline for Application | There is no deadline for application. Applications will be reviewed in the order received. Review will take about 4 weeks. |
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To complete the application process, please do the following:

| | |
|--------------------------|---|
| <input type="checkbox"/> | 1. Complete the application form for the Certificate of Professional Nursing (CPN) to Master of Nursing (MN) Degree |
| <input type="checkbox"/> | 2. Attach a copy of your current resume |
| <input type="checkbox"/> | 3. Mail, fax, email or bring the application form and resume to: Dr Diana Morris, Interim Director, Graduate Entry Program Case Western Reserve University Frances Payne Bolton School of Nursing 10900 Euclid Avenue Cleveland, Ohio 44106-4904 |
| <input type="checkbox"/> | Questions? Contact Dr Diana Morris, Interim Director, Graduate Entry Program dln5@case.edu , 216-368-6472 |

All materials submitted become the property of the School of Nursing and cannot be returned to the applicant. Any information about race, ethnicity, gender, color, national origin, religion, age, marital status, physical or mental disabilities is confidential and not used as criteria for admission decisions.

Updated: 2/1/2012



FRANCES PAYNE BOLTON
SCHOOL OF NURSING

CASE WESTERN RESERVE
UNIVERSITY

Graduate Entry Program

Application for the Master of Nursing (MN) Degree by Recipients of the Certificate of Professional Nursing (CPN)

Effective with the Graduate Entry Program class starting August, 2009, the Master of Nursing (MN) Degree will be awarded on successful completion of the pre-licensure phase of the program.

Individuals who received the Certificate of Professional Nursing from the Frances Payne Bolton School of Nursing from its initiation through December, 2009 may apply for the Master of Nursing degree. Note: Individuals who hold an MSN degree are not eligible to apply for the MN degree.

The MN Degree is a generalist master's degree. The MN program prepares the student for generalist or RN level practice. Additionally, MN students acquire the knowledge and skills necessary to meet the graduate level QSEN (Quality and Safety in Nursing) competencies. A Master of Science (MSN) Degree with a major in an advanced nursing specialty is required to prepare for advanced practice nursing.

Requirements for CPN recipients to petition for awarding of the MN Degree: (see procedure below)

- Submit the application for Certificate of Professional Nursing to Master of Nursing.
- Awarding of the Certificate of Professional Nursing is verified
- Complete the following MSN courses with grades of at least C or higher. (note: most CPN recipients took NUND 343, NURS 405 and NURS 425, or equivalent courses, during the pre-licensure phase of the program).
 - NURS 405 Inquiry I (or NUND 404A and NUND 404B)
 - NURS 425 Inquiry II (or NURS 415 or NUND 404B & NUND 404C).
 - NURS 502 –Inquiry III: Evidence Based Practice
 - NURS 459 – Integrated Assessment for Advanced Nursing Practice
 - NUNP 410 – Health Promotion Across the Lifespan
 - NURS 443A – Collaboration and Consultation in Advanced Practice Nursing
 - NUND 444A Ethical Issues in Advanced Practice Nursing (or NUND 343 or NUND 413 taken for a grade)
 - NURS 443C – Teaching & Learning in Advanced Practice Nursing
- Complete with grade of B or higher a minimum of 1.0 credit of NUND 400, Guided Study, in which the student satisfactorily demonstrates he/she meets the Characteristics of the Master of Nursing Graduate (see below). Contact Graduate Entry Program Director regarding this course.
- Overall GPA of at least 3.0 (all graduate level courses taken at the Frances Payne Bolton School of Nursing)

Procedure for Application for the Certificate of Professional Nursing to Master of Nursing Degree:

- Complete CPN to MN Application form (in this packet) and attach a copy of your current resume (see separate Application Instructions, also in this packet).

- Submit the application and resume to the Frances Payne Bolton School of Nursing Office of Student Services (see separate Application Instructions).
- There is no deadline for application. Applications will be reviewed in the order received. Allow sufficient time for review prior to the start of the semester in which courses will be taken.
- Applicants will receive a letter listing the requirements you must meet in order to receive the MN degree and the name of your faculty advisor who will assist the student to develop a plan to meet the requirements indicated in the letter.
- Upon successful completion of the requirements for the CPN to MN degree, applicants may petition for awarding of the MN Degree.
- The MN degree is awarded at the three times per year recognized by the CWRU registrar – January, May, and August.

The Characteristics of the Master of Nursing graduate are at a level higher than those of the Certificate of Professional Nursing curriculum and incorporate elements of the graduate level QSEN competencies.

Characteristics of the Master of Nursing Graduate:

- **Teaching/Learning:** Provides opportunities for individuals, other professionals, populations and communities to enhance their knowledge about health, illness, and health seeking behaviors through consultation and education conceived in partnership with the learner
- **Research/Inquiry:** Integrates best current evidence to continuously improve the delivery of care and identify areas where further evidence is needed
- **Nature of Practice:** Provides and directs nursing care for individuals, groups, families and populations, that focuses on safety, quality, and the recipients’ needs, preferences and values
- **Leadership:** Assumes beginning nursing leadership roles that are directed toward outcomes evaluation and implementation of care improvement initiatives
- **Ethics:** Applies ethical principles in complex nursing situations
- **Collaboration:** Promotes nursing and inter-professional collaboration to achieve safe, quality healthcare
- **Communication:** Integrates technology and interpersonal techniques in communication, knowledge management, error mitigation, and decision-making with diverse clients and colleagues
- **Policy:** Actively participates in policy development at local, unit, and state levels to promote safe, quality healthcare

Questions? Contact –

Dr. Diana Morris, Interim Director, Graduate Entry Program, d1m5@case.edu, or PH: 216-368-6472

2/1/12

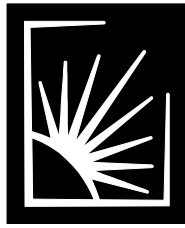
Frances Payne Bolton School of Nursing
CPN to MN Degree Requirement Audit Form

Student Name: _____

Year Certificate of Professional Nursing Awarded _____

Overall GPA (most recent) _____

| Required Courses (C or higher required for all courses except Independent Study for which a grade of B or higher is required) | Met | Needs to Meet | Completed |
|--|------------|----------------------|------------------|
| NURS 405 Inquiry I OR NUND 404A and NUND 404B) | | | |
| NURS 425 Inquiry II OR NURS 415 OR NUND 404B & NUND 404C. | | | |
| NURS 502 –Inquiry III: Evidence Based Practice | | | |
| NURS 459 – Integrated Assessment for Advanced Nursing Practice | | | |
| NUNP 410 – Health Promotion Across the Lifespan | | | |
| NURS 443A – Collaboration and Consultation in Advanced Practice Nursing | | | |
| NUND 444A Ethical Issues in Advanced Practice Nursing OR NUND 343 taken for a grade OR NUND 413 taken for a grade | | | |
| NURS 443C – Teaching & Learning in Advanced Practice Nursing | | | |
| Completion (with grade of B or higher) of a minimum of 1.0 credit of NUND 400 in which the student satisfactorily demonstrates he/she meets the Characteristics of the Master of Nursing Graduate. | | | |
| Overall GPA of at least 3.0 | | | |
| Petition for Awarding of the MN Degree | | | |



FRANCES PAYNE BOLTON
SCHOOL OF NURSING

CASE WESTERN RESERVE
UNIVERSITY

APPLICATION for ADMISSION
Certificate of Professional Nursing (CPN) to Master of
Nursing (MN) Degree

Date of Application: ____/____/20____

**CURRENT
LEGAL NAME:**

Last Name

First Name

Middle Name

DATE OF RECEIPT OF CERTIFICATE OF PROFESSIONAL NURSING: _____

NAME ON CERTIFICATE OF PROFESSIONAL NURSING:

Last Name

First Name

Middle Name

SSN: _____

ADDRESS FOR ADMISSION MAILINGS:

Street

Apt. Number

City

State/Province

Country

Zip/Postal Code

Telephone (Home)

Telephone (Work)

_____ *County (if Ohio resident)* This address is effective until what date? _____

PERMANENT ADDRESS (if different from current address): _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ **GENDER:** Male Female

ETHNICITY: (Optional information to be used for statistical purposes only)

| | | | |
|---|--------------------------------|---|--|
| <input type="checkbox"/> Native American (Indian/Aleut) | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Other | <input type="checkbox"/> Hawaiian or other Pacific Islander | |

CITIZENSHIP: (Check appropriate boxes and complete relevant information.)

| | | | |
|--|--|---|--|
| <input type="checkbox"/> I am a U.S. Citizen | | | |
| <input type="checkbox"/> I am not a U.S. Citizen | <input type="checkbox"/> I need a Student Visa | <input type="checkbox"/> Country of Citizenship _____ | |
| <input type="checkbox"/> I have a U.S. Permanent Resident Visa | Alien Registration Number: _____ | | |
| Country of Birth: _____ | | I am already in the U.S. and entered on _____ (date) | |
| Visa Type: <input type="checkbox"/> F <input type="checkbox"/> J <input type="checkbox"/> Other (specify): _____ | | My I-94 expires on _____ (date) | |

Attach to your application a Resume or CV - include employment history, military service, community service, academic and professional awards, honors, fellowships, memberships, and publications.

I hereby certify that the information I have provided in this application is accurate and complete. I understand that the misrepresentation or omission of facts is sufficient cause for denial or dismissal from the program if I am admitted.

Signature of Applicant: _____ **Date:** _____

All completed application materials should be returned to:

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| Dr Diana Morris Interim Director, Graduate Entry Program Case Western Reserve University Frances Payne Bolton School of Nursing 10900 Euclid Avenue Cleveland, Ohio 44106-4904 |
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