



FRANCES PAYNE BOLTON
SCHOOL OF NURSING

CASE WESTERN RESERVE
UNIVERSITY

APPLICATION INSTRUCTIONS

RN to MSN with Portfolio

Deadlines for Application and Supporting Materials:	<ul style="list-style-type: none">• June 1st for Fall semester• October 1st for Spring semester• March 1st for Summer semester
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To complete the application process, please do the following:

<input type="checkbox"/>	<p>1. Complete Miller Analogies Test (MAT) or Graduate Record Examination (GRE) and have official scores sent to Case Western Reserve University, Nursing Department.</p> <p>MAT: www.milleranalogies.com or 1-800-622-3231; in Cleveland, call Case 216-368-1030 or CSU 216-687-2272.</p> <p>GRE: www.gre.org; in Cleveland, call Case 216-368-1030.</p> <ul style="list-style-type: none">• Applicants for the joint degree MSN/MA in Anthropology or the joint degree MSN/MA in Bioethics should take the GRE instead of the MAT• Applicants for the joint degree MSN/MBA should take the Graduate Management Admission Test (GMAT) instead of the MAT or GRE• Applicants for the joint degree MSN/MPH may take either the GRE or MAT• International applicants should take the Test of English as a Foreign Language (TOEFL)
<input type="checkbox"/>	<p>2. Arrange for official transcripts from each post-secondary college/ university/school of nursing attended to be sent to the address at the end of this section.</p>
<input type="checkbox"/>	<p>3. Arrange for 3 recommendations</p> <p>We recommend RNs in supervisory positions at your current place of employment, professional colleagues who have earned advanced nursing degrees, and nursing instructors. The preference is for nurses who know your clinical work. Complete Section A on each Recommendation Form and provide each person with the form and a stamped Case return envelope.</p>

<input type="checkbox"/>	<p>4. Complete MSN application form Please remember to sign your application!</p>
<input type="checkbox"/>	<p>5. Write an essay In one typewritten or word-processed page or less, discuss your objectives and reasons for wanting to undertake graduate study. Indicate your career plans upon completion of graduate study.</p>
<input type="checkbox"/>	<p>6. Complete your professional portfolio (guidelines attached) Diploma/associate degree RNs who also have a non-nursing baccalaureate degree (but do not have a BSN degree) need to submit a professional portfolio. If your portfolio is approved and you are successful in the admission process, you will need to submit an \$800.00 fee prior to matriculation in the MSN program for the six upper division undergraduate prerequisite nursing courses that will be waived,</p>
<input type="checkbox"/>	<p>7. Provide the non-refundable \$75.00 application fee Your check/money order should be made payable to Case Western Reserve University.</p>
<input type="checkbox"/>	<p>8. Provide the non-refundable \$100.00 portfolio evaluation fee Your check/money order should be made payable to: Case Western Reserve University (must be a separate check).</p>

Please mail all required materials to the following address:

Donna Hassik
Case Western Reserve University
Frances Payne Bolton School of Nursing
Office of Student Services
10900 Euclid Avenue
Cleveland, Ohio 44106-4904

If you have questions:

Call 216-368-2529 or email us at admissionsfpb@case.edu.

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: 9/29/11

Professional Portfolio Guidelines

The following information should be assembled in a notebook or folder:

1. Vita including:
 - a. Formal education, degree(s) obtained and major, school attended dates
 - b. All nursing and other positions held
 - c. Any relevant CE programs/courses taken
 - d. Any published professional articles (in journals, hospital/agency publications, school newspaper, etc.) title, date, journal, page number, etc. Attach copies.
 - e. Presentations before staff, patient/family and other groups (including educational seminars presented to peers as part of job responsibilities) date, title, location
 - f. Honors/awards received
 - g. Membership in professional and other organizations – offices held, dates of membership
 - h. Community services: Names of organizations, description of activities
2. A formal paper divided into seven sections.

This paper is an essential aspect of the admission process and will be carefully evaluated in order to make a decision on your admission. Follow the guidelines carefully, speaking to all items. The paper will be evaluated for:

- Content
- Clarity of presentation
- Grammar, punctuation, etc

Section 1: A description of the theoretical basis and personal philosophy of your practice.

- This description may be eclectic, drawing on knowledge from behavioral, biologic and other theories, or may be based on a nursing model such as Orem, Roy, etc.
- Give two examples of application in practice

Section 2: A description of teaching and counseling aspects of your practice.

- Give three principles of teaching and describe how these have been applied using three examples of patient, family, or group teaching activities.
- Give three principles of counseling and describe how they have been applied in your work with patients/clients or staff, or groups. Give at least three examples.

Section 3: A description of collaborative activities, with all members of the health team.

- Define collaboration.
- Describe how collaboration is applied in your practice using *three* examples.

Section 4: A description of leadership and change.

- Define and describe leadership and change.
- Give *three* examples of how you have functioned as a leader in your position (you do not need to have had a “formal” leadership position, a staff nurse can be a leader).
- Describe inhibitors and facilitators of change. Describe how you have participated in change giving *two* examples.

Section 5: A description of research knowledge/activities.

- Describe content related to research that you have had in your nursing program and in your other collegiate programs. This can include courses in research or content related to reading and evaluating research that was incorporated into the courses such as sociology/biology, etc. Identify *one* example.
- Describe how you incorporate research findings into your practice, giving *one* example.
- Describe any clinical research activities in which you have participated or which you have facilitated.

Section 6: How do you keep current with the rapidly advancing changes in medicine and health?

- Give *two* examples.
- Give *two* examples of how you use technology in your nursing practice.

Section 7: A description of public health nursing knowledge/activities.

- Define public health nursing.
- Give *one* example describing how you have practiced population based health promotion disease prevention.
- Describe primary, secondary, and tertiary prevention and give *one* example of each in your nursing practice.

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 - d. Any published professional articles (in journals, hospital/agency publications, school newspaper, etc.) title, date, journal, page number, etc. Attach copies.
 - e. Presentations before staff, patient/family and other groups (including educational seminars presented to peers as part of job responsibilities) date, title, location
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- Describe how you incorporate research findings into your practice, giving *one* example.
- Describe any clinical research activities in which you have participated or which you have facilitated.

Section 6: How do you keep current with the rapidly advancing changes in medicine and health?

- Give *two* examples.
- Give *two* examples of how you use technology in your nursing practice.

Section 7: A description of public health nursing knowledge/activities.

- Define public health nursing.
- Give *one* example describing how you have practiced population based health promotion disease prevention.
- Describe primary, secondary, and tertiary prevention and give *one* example of each in your nursing practice.

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

1. Do you consider yourself to be Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. In addition, please select one or more of the following categories to describe yourself: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White

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)

EDUCATION*: (List in chronological order all colleges and universities attended, including schools of nursing.)

University/School, City/State	Dates Attended	Major	Degree	Graduation Date

*Arrange to have the Registrar of each institution send a transcript directly to the School of Nursing Office of Admissions. See address at the end of this application.

LICENSURE INFORMATION: (Ohio licensure required prior to enrolling in clinical courses)

In which states are you currently licensed as a Registered Nurse?

STATE: _____ LICENSE NUMBER: _____
STATE: _____ LICENSE NUMBER: _____

If not licensed, when do you plan to take the State Board Examination (NCLEX-RN)? _____

List all current certifications:

Certification	Certifying Organization	Certification Number

Have you ever been convicted of a felony? Yes No

If yes, attach a description of the circumstances.

Please list the names of other schools of nursing to which you are applying:

REFERENCES: On the application instruction sheet, you are asked to submit references from three persons. Please list the name and position of each:

1. _____
2. _____
3. _____

TEST SCORES: (I have taken the following standardized tests.)

<input type="checkbox"/> GRE General	Date: _____	Verbal: _____	Quantitative: _____	Analytical: _____
<input type="checkbox"/> MAT (Miller Analogies Test)	Date: _____	Score: _____		
<input type="checkbox"/> GMAT (Only for MSN/MBA)	Date: _____	Verbal: _____	Quantitative: _____	Analytical: _____
<input type="checkbox"/> Test of English as a Foreign Language (TOEFL)	Date: _____	Score: _____		
<input type="checkbox"/> Test of Spoken English (TSE—required by Ohio Board of Nursing for RN Licensure)	Date: _____	Score: _____		
If you have not yet taken the test required for your program of study, when do you plan to take the test?				
<input type="checkbox"/> GRE	Date: _____	<input type="checkbox"/> MAT	Date: _____	<input type="checkbox"/> GMAT
<input type="checkbox"/> TOEFL	Date: _____	<input type="checkbox"/> TSE	Date: _____	

Do you wish to apply for financial aid? Yes No

Have you ever applied to the Frances Payne Bolton School of Nursing before? Yes No

If yes, date: _____

How did you hear about our programs? _____

Attach to your application the following items:

1. **Resume or CV**, which includes employment history, military service, community service, academic and professional awards, honors, fellowships, memberships, and publications.
2. In one typewritten or word-processed page or less, discuss your **objectives and reasons** for wanting to undertake graduate study. Indicate your career plans upon completion of graduate study.

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:

Case Western Reserve University
 Frances Payne Bolton School of Nursing
 Office of Student Services
 10900 Euclid Avenue
 Cleveland, Ohio 44106-4904



Recommendation Form

Master of Science in Nursing (MSN) Program

Section A: To be completed by the applicant

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to recommendations. The choice of the applicant regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.

I do waive I do not waive my right to inspect the contents of the following recommendation.

Signed: _____ Date: _____

Name of Applicant: _____

Anticipated M.S.N. Clinical Major: _____

Applicant's Signature: _____ Date: _____

Section B: Information for the person serving as the applicant's reference

The above named person has made application for advanced study leading to the M.S.N. degree, Frances Payne Bolton School of Nursing, Case Western Reserve University, and is requesting you to serve as a reference. Please comment on the following.

Circle the number (using the following scale) that represents the applicant's demonstration of the quality.

4 Outstanding 3 Above Average 2 Average 1 Below Average N Not Observed

<u>Intellectual Curiosity</u> : Raises meaningful questions and seeks answers	4	3	2	1	N
<u>Innovativeness</u> : Moves beyond the obvious situations	4	3	2	1	N
<u>Problem Solving Ability</u> : Uses a systematic approach to the identification and solution of intellectual problems	4	3	2	1	N
<u>Decision Making Ability</u> : Considers alternatives and consequences and takes action on decisions	4	3	2	1	N
<u>Communication</u> : Expresses ideas succinctly and logically in writing; expresses ideas succinctly and logically when speaking	4	3	2	1	N
<u>Self Direction</u> : Plans and executes actions independently	4	3	2	1	N
<u>Open-Mindedness</u> : Gives thoughtful consideration to new and different ideas	4	3	2	1	N
<u>Toleration of Ambiguity</u> : Functions without a rigidly defined, externally imposed structure	4	3	2	1	N
<u>Reliability</u> : Follows through on commitments	4	3	2	1	N
<u>Accountability</u> : Accepts responsibility for own decisions and actions	4	3	2	1	N
<u>Cooperation</u> : Works collaboratively with peers and others	4	3	2	1	N
<u>Self-Confidence</u> : Carries out actions with assuredness	4	3	2	1	N
<u>Assertiveness</u> : Expresses own beliefs and acts on them without hurting others	4	3	2	1	N
<u>Integrity</u> : Functions on the basis of accepted ethical standards	4	3	2	1	N
<u>Flexibility</u> : Changes or modifies behavior when appropriate	4	3	2	1	N
<u>Work With Others</u> : Establishes effective interpersonal relationships with others	4	3	2	1	N

<u>Work Under Stress</u> : Accomplishes goals in situations that are stressful	4	3	2	1	N
<u>Realistic Self-Concept</u> : Sets expectations for self congruent with own capabilities	4	3	2	1	N
<u>Sensitivity to Others</u> : Is alert to and considerate of needs of clients and colleagues	4	3	2	1	N
<u>Systematic Approach to Nursing</u> : Uses a systematic approach in gathering and using relevant data for planning, giving, and evaluating nursing care	4	3	2	1	N
<u>Nursing Skills</u> : Administers nursing measures correctly with proper sensitivity to patients/clients	4	3	2	1	N

Please include additional comments below:

In your experience with other nurses, please evaluate this nurse's competency (circle your decision):

4
3
2
1
 (most competent)
 (least competent)

Section C: To be completed by the person serving as a reference

Name: _____

Position: _____

Place of Employment: _____

Length of time you have known applicant: From: _____ To: _____

Capacity in which you have known applicant: _____

Are you a registered nurse? Yes No

Signature: _____ Date: _____

Thank you for taking the time to complete this reference.
A return envelope has been provided for your convenience.



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