

REQUIRED SUPPORTING DOCUMENTS

Certificate in Primary Health Care Nurse Practitioner

1. SUPPLEMENTARY ADMISSION DATA FORM

Please fill out the attached Certificate in Primary Health Care Nurse Practitioner Supplementary Admission Data form.

2. LETTERS OF RECOMMENDATION

Two *Letters of Recommendation* are required for each application. Only sealed letters with original signatures will be accepted. Please note that we reserve the right to contact your referees for further information. Referees should be well acquainted with your education and abilities, and are normally professors and/or your workplace healthcare managers or those in a position to speak to the reference requirements.

ONE of the two required recommendations should be a university (academic) *Letter of Recommendation* (e.g., a faculty member familiar with your academic performance). The second *Letter of Recommendation* should be submitted by a healthcare professional (non-academic) referee. For those applicants that completed their undergraduate/graduate education more than five years ago, a second *Letter of Recommendation* submitted by a healthcare professional (non-academic) referee may be substituted for the university (academic) *Letter of Recommendation*.

Letters of Recommendation from universities or institutions outside Canada should be accompanied by a signed note on the letterhead of the university or institution, in addition to the completed letter of recommendation form. Only original documents (no FAX or photocopies) will be accepted.

Sealing Letters of Recommendation - All *Letters of Recommendation*, whether they are submitted in a Ryerson University envelope or in the envelope of the referee's university or institution, must be sealed and signed by the referee across the sealed flap and dated.

3. PERSONAL ESSAY

The Personal Essay is an important part of the screening of applicants for admission to the Certificate in PHCNP. 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 with your responses. Answers that are too brief and/or very general will not be highly scored. Your written submission contributes strongly toward determining whether you are selected for admission to the PHCNP Certificate Program.

1. **Why do you want to become a Primary Health Care Nurse Practitioner rather than an Acute Care Nurse Practitioner (Paeds/Adult)?**
2. **What professional and personal attributes do you bring to the Primary Health Care Nurse Practitioner role?**
3. **Given that each course requires at least 15 hours preparation time per week in addition to course and clinical placement hours, please describe strategies you will use to meet the time demands of the program.**

INSTRUCTIONS

- Please answer the three (3) questions above.
- Replies must be typed, double-spaced, 12-point font print and not exceed 3 pages of total. Only the first 3 pages will be read. Replies to each question need not be of equal length.
- Number your answers to correspond to the questions above.

Submit the original and 2 copies of the personal essay with your application package

4. CURRICULUM VITAE

We are interested in your non-academic as well as your academic experience. Please submit a curriculum vitae along with your application. See the attached CV format guide.

5. VERIFICATION OF EMPLOYMENT HOURS FORM

Evidence of the equivalent of 2 years of full-time nursing practice as a Registered Nurse following graduation ($\geq 3,640$ hours within the past 5 years) using the employer-completed Verification of Employment Hours form. Note that a "Conditional" offer will be considered for those applicants who plan to meet this requirement by September 1, 2010. Proof of completion of hours is required prior to the start of classes in September.

6. VERIFICATION OF RN REGISTRATION

Applicants are required to include in their application package a photocopy of their full RN Registration (above and below the fold line). Note that it is a requirement for admission consideration that the applicant be a RN in good standing with the CNO (i.e., no restrictions on registration).

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6. APPLICATION CHECKLIST (PLEASE SUBMIT WITH PACKAGE)

Please note that all required items are to be submitted in one package.

- Application Form (2 copies)
- \$100.00 Application Fee (payable by cheque or money order to: Ryerson University)
- Supplementary Admission Data Form (2 copies)
- Personal Essay (original plus 2 copies)
- Curriculum Vitae (2 copies)
- Two Letters of Recommendation (all originals)
- All Official Transcripts (2 originals of each)
- Verification of Employment Form (2 Copies)
- Proof of current RN registration with the College of Nurses of Ontario (CNO) or registration eligibility with the CNO.
- English Proficiency Test Score (if applicable)
- Write "*Nurse Practitioner*" on the outside of your application package
- Write "Attention Martin Rochon" on the outside of your application package

Important: Incomplete applications will NOT be considered for admission.

NOTES:

1. Ryerson reserves the right to withdraw or cancel programs or courses due to a lack of enrolment.
2. Applicants who submit all required documentation by **February 1, 2010** will be given first consideration for admission. The admission cycle closes on June 30, 2010.
3. For further information about the Certificate in Primary Health Care Nurse Practitioner Program or if you have questions about your application, please contact Gerry Warner at: 416-979-5000 ext. 7852, gerry.warner@ryerson.ca.

Complete all sections. TYPE or PRINT carefully. Read and follow the attached Instruction Sheet. Include all submissions. Applications without the correct fee payment will not be processed.

First Consideration – February 1, 2010: Applicants who submit all required documentation by February 1, 2010 will be given first consideration for admission. Completed applications received after this date will be considered as part of a rolling admission cycle until admission to the program formally closes on June 30, 2010.

Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Last Name	First Name					
Miss <input type="checkbox"/>	Ms. <input type="checkbox"/>							

E-mail	PREVIOUS RYERSON STUDENT # (if applicable)						

PROGRAM OPTION: (Please check one)	<input type="checkbox"/> Option I (PHCNP Certificate Only) <input type="checkbox"/> Option II (Combined MN Degree and PHCNP Certificate)
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PROGRAM PLAN: (Please check one)	Option I <input type="checkbox"/> Full-time (9 to 18 Months) <input type="checkbox"/> Part-time (27 Months) Option II <input type="checkbox"/> Full-time (18 Months) <input type="checkbox"/> Part-time (27 to 36 Months)
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Letters of Recommendation	Name of Referee	Academic Institution or Organization	Address	Email Address
Please list the names and contact information of your two referees. Indicate whether they are an ACADEMIC (ACD) OR PROFESSIONAL (PRO) REFERENCE	1. <input type="checkbox"/> ACD <input type="checkbox"/> PRO			
	2. <input type="checkbox"/> ACD <input type="checkbox"/> PRO			

Applicant Signature	Date
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Curriculum Vitae Format Guide

The following form is a guide for your CV format. PLEASE DO NOT FILL IN THIS FORM. You are required to submit a typed, professionally prepared Curriculum Vitae.

Name (last):		Name (first):	
Current Address:			
City:		Province:	
Postal Code:			
Phone (H):		Phone (W):	
Email:			

Part 1. ACADEMIC EDUCATION

A. Degrees/Diplomas/Certificates

Year	Specific Degree/Diploma/Certificate	Name of Institution

B. Other: Continuing Education/Workshops/Professional Development

Year	Continuing Education/Workshops/Professional Development	Name of Institution

PART 2. RELEVANT PRESENTATIONS/PUBLICATIONS/RESEARCH

Year	Title (include full citation)	Audience for presentations

PART 3. PROFESSIONAL ORGANIZATION MEMBERSHIPS

Year	Professional Organization	Role

PART 4. RELEVANT WORK EXPERIENCE

Employed from (year):		Employed to (year):		Full-time or Part-time:	
Employer/Department:					
Area of Practice:		Job Title:			
Roles/Responsibilities					

Employed from (year):		Employed to (year):		Full-time or Part-time:	
Employer/Department:					
Area of Practice:		Job Title:			
Roles/Responsibilities					

Employed from (year):		Employed to (year):		Full-time or Part-time:	
Employer/Department:					
Area of Practice:		Job Title:			
Roles/Responsibilities					

Letter of Recommendation for PHCNP Certificate Program

The Applicant Section and the Referee Section must be completed. PLEASE PRINT

Legal last name/family name

All legal given or first names in full (underline name most commonly used)

Referee Instructions: Complete this form and then place it in either the applicable Ryerson University envelope, or your institution/organization envelope. To ensure confidentiality, sign and date across the sealed panel and flap of the envelope. Return the sealed, signed and dated envelope to the Applicant so that all required supporting documentation can be submitted in one package. You also have the option of returning the sealed, signed and dated envelope to:

Graduate Admissions, Ryerson University, 350 Victoria Street, Toronto, Ontario, Canada, M5B 2K3

A Letter of Recommendation form that is not completed, sealed, signed and dated properly will not be accepted and Ryerson will be unable to process the application. Please note that your information is confidential and is not to be/will not be released to the applicant. If your institution or organization is located outside Canada, then you must also include a signed and dated letter on the original and official letterhead of your institution or organization, in which you refer to and confirm the contents of this form.

Please indicate with a check mark your rating of the applicant in terms of the following attributes. We are interested in the applicant's academic ability, scholarly promise, and ability to successfully complete an intensive program of study. The comparison group should be applicants at a comparable stage in their academic/professional career.

A	Criteria	Outstanding		Above average		Average	Below average	Unable to assess
		Upper 2%	Upper 10%	Upper 20%	Upper 30%	Upper 50 %	Lower 50 %	
	Background Preparation							
	Originality/Creativity							
	Industry/Perseverance							
	Judgment/Critical Sense							
	Intellectual Ability							
	Oral Communication							
	Written Communication							
	Overall Evaluation							

B Please specify the comparison group used for the rating above. For example, among 50 graduating BScN or MN students

C How long have you know the applicant and in what capacity?

D Rank Applicant as a candidate for the PHCNP program Highly Recommended Recommended Doubtful Unsuitable

We welcome your comments on the suitability of the applicant for admission in the space below, but you are encouraged to attach an additional letter.

Referee Last Name

Referee Given Name

Position

Department

Institution/Organization

Address

City

Province/
State

Country

Postal or Mailing Code

E-Mail Address at the Institution/Organization

Telephone Number (Include country, Region and City code)

Fax Number

Institution/Organization Telephone Number

Institution/Organization E-Mail Address

Institution/Organization Fax Number

Signature of Referee (Required)

Date YYYY/MM/DD

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

I, _____ am applying to the Ontario Primary Health Care Nurse Practitioner Certificate Program at Ryerson University. In order to process my application, Ryerson University is requesting your institution to 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 Ryerson University regarding my type and length of employment.

Applicant Signature: _____ Date: _____

ATTENTION APPLICANT: DO NOT COMPLETE SECTION 2

Section 2: TO BE COMPLETED BY THE EMPLOYER AND RETURNED TO THE APPLICANT IN A SEALED ENVELOPE. Please sign a sealed envelope across the flap 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 & ADDRESS: _____

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: | | ACUTE CARE: | | COMMUNITY CARE: | |
| Chronic Care | <input type="checkbox"/> | Medical/Surgical | <input type="checkbox"/> | Public Health | <input type="checkbox"/> |
| Rehabilitation | <input type="checkbox"/> | Mental Health | <input type="checkbox"/> | Visiting Nursing | <input type="checkbox"/> |
| Home for the Aged | <input type="checkbox"/> | Pediatric | <input type="checkbox"/> | Independent Clinic | <input type="checkbox"/> |
| Retirement Home | <input type="checkbox"/> | Maternal/Child | <input type="checkbox"/> | Community Clinic | <input type="checkbox"/> |
| Nursing Home | <input type="checkbox"/> | Other, please specify _____ | | Other, please specify _____ | |
| Other, please specify _____ | | | | | |

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

Name (please print): _____ Title: _____

Signature: _____ Date: _____