

## MINIMUM ADMISSION REQUIREMENTS FOR COMBINED MN/PHCNP TRANSFER APPLICANTS

Please note that for admission consideration, internal applicants **MUST** meet the minimum overall academic requirement of (3.67) or A- CGPA in the following 3 core Master of Nursing courses: MN8901, MN8902 and MN8903. As this is a highly competitive admissions process, internal applicants that do not meet the minimum academic requirement will not be considered for admission.

**If you have not yet completed all three core Master of Nursing courses, any confirmation to transfer will be made on a “Conditional” basis with the requirement that you have achieved at least a minimum overall (3.67) or A- CGPA for all three core Master of Nursing courses and that you clear any outlined conditions by September 1.**

In addition, admission to the combined MN/PHCNP Certificate requires the following:

1. Internal applicants must have the equivalent of two years of full-time nursing practice (3640 hours) within the past five years by September 1 of the current academic year.
2. Other documents, such as the PHCNP Nursing Practice Letter of Recommendation form, a PHCNP Statement of Interest, and the PHCNP Verification of Employment Hours from are required.

Note that any transfer applicant that is offered admission is required to begin enrolment in the PHCNP Certificate starting in September of the current academic year. **Deferrals are not permitted.**

**Any transfer applicant that accepts an offer of admission is accepting a change to their Program of Study. Given that enrolment in the combined MN/PHCNP curriculum is limited, further requests for changes must normally be approved by the Master of Nursing Program Director.**

All documentation submitted becomes the property of Ryerson University and cannot be returned. Ryerson University strives to ensure the completeness and accuracy of information contained in this application package. However, the University reserves the right to change any of the information at any time without notice.

### ➤ **Internal Application Fee**

The application fee of \$110 has been waived for internal candidates.

Applicants are required to submit their complete application on **February 15**

### ➤ **Transcripts**

Internal applicants are not required to submit official transcripts.

➤ **Submission**

Drop off the complete application in person to:

**Gerry Warner Program  
Administrator  
Master of Nursing  
4<sup>th</sup> Floor, Jorgenson Hall  
Office POD 482-C**

**COMPLETING THE APPLICATION FORM**

**INSTRUCTIONS – SECTION I**

Please complete **ALL** sections. Answer every question; enter N/A for questions not applicable to you. Note that incomplete forms will not be processed. TWO (2) copies of the application form (pages 3 through 5) must be submitted with your application package. Application packages that are not complete will not be processed.

- **Ryerson History**  
Indicate your Master of Nursing program history by providing date and program information. Include your Ryerson Student Number.
- **Name**  
State your first, middle and last name (legal family name). If they appear differently on your official documents, also indicate the version appearing on your official documents.
- **Address Information**  
In this section, please be as accurate as possible.
- **E-mail**  
Please type or print your Ryerson e-mail address clearly.

Ryerson History	Year Admitted to the Master of Nursing Program			Ryerson Student #			
	YYYY:	Current Field of Study:					
Personal Information	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	FIRST NAME		MIDDLE NAME		
	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs.					
	<input type="checkbox"/> Other:						
LAST NAME/FAMILY NAME							
PREVIOUS LAST NAME OR NAME ON DOCUMENTS (if different from above)							
Permanent Address	Apt. #	Street Number	Street Name				
	City		Province/State	Country		Postal/Mailing Code	
E-mail Address – Type/Print Clearly – This will be the main point of contact correspondence.							

**INSTRUCTIONS - SECTION II**

- **Program Option**  
Please indicate the PHCNP Certificate Program Option you are applying to by checking **ONE** of the boxes.

Program Option	Please Check <b>ONE</b> of the following: <input type="checkbox"/> Full-time Program (maximum 2 year time-to-completion) OR <input type="checkbox"/> Part-time Program (maximum 3 year time-to-completion)
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**INSTRUCTIONS - SECTION III**

- **Declaration and Signature of Applicant**

I certify that all statements on this application and in material filed in support are correct and complete, and all material information has been disclosed. I understand that I may have to provide documentation in the future to substantiate my claim and that any misrepresentation of this information may result in my association with, admission to, or registration in the university being rescinded and cancelled. I acknowledge that Ryerson University has the right to verify any and all information included as part of this application and to cancel any program due to lack of enrolment. The name in Section I of this form is the complete name by which I am legally and correctly known. I understand that all documentation submitted becomes the property of Ryerson University and cannot be returned.

Applicant's Signature	Date: YYYY/MM/DD
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**This application must be signed and dated. Applications without the correct fee payment and completed forms will not be processed**

**ADMISSION DECISION**

**PLEASE NOTE THAT THE ADMISSIONS COMMITTEE RESERVES THE RIGHT TO INTERVIEW APPLICANTS PRIOR TO MAKING AN ADMISSION DECISION.**

**ADMISSION DEFERRALS ARE NOT PERMITTED. ANY OFFER OF ADMISSION IS VALID ONLY FOR THE COMMENCEMENT DATE INDICATED ON THE OFFER OF ADMISSION.**

**INSTRUCTIONS – SECTION IV**

**PHCNP CERTIFICATE NURSING PRACTICE LETTER OF RECOMMENDATION**

Internal candidates applying to the PHCNP Certificate program must submit the PHCNP Certificate Nursing Practice Letter of Recommendation.

**This reference should come from an individual that is well acquainted with your nursing practice abilities, and would normally be your workplace healthcare manager or someone in a position to speak to the reference requirements.**

Only sealed letters with original signatures will be accepted. Please note that we reserve the right to contact your referees for further information.

Please list the name and contact information of your **PHCNP Certificate Program Nursing Practice** referee

**Reference**

<input type="checkbox"/> Nursing Practice			
Referee Last Name		Referee Given Name(s)	
Institution		E-mail Address	
Address		City	
Province/State	Country	Postal or Mailing Code	Telephone Number

**INSTRUCTIONS – SECTION V****PHCNP CERTIFICATE PROGRAM PERSONAL ESSAY**

The PHCNP Certificate Personal Essay is an important part of the screening of applicants for admission to the PHCNP Certificate program. The scores will be based on your ability to address the essay questions in a comprehensive and personal manner. Answers that are too brief and/or very general will receive a low score. Your written submission contributes strongly toward determining whether you are selected for admission to the PHCNP Certificate program. Please include examples of situations to illustrate your written responses.

- A. Why do you want to become a Nurse Practitioner in Primary Health Care rather than another NP specialty?
- B. What professional and personal attributes do you bring to the Primary Health Care Nurse Practitioner role?
- C. Given that each course requires at least 15 hours preparation time per week in addition to course and clinical placement hours, what specific strategies will you use to meet the time demands of the program?

**INSTRUCTIONS**

- ✓ Please answer the three (3) questions above.
- ✓ Responses must be typed and are not to exceed 3 pages double-spaced in total, with 1" margins and Times New Roman 12 point font. Only the first 3 pages will be read. Responses to each question need not be of equal length.
- ✓ Number your answers to correspond to the questions above.
- ✓ Failure to follow instructions may result in a lower score and a lower overall ranking.
- ✓ Submit the original and 1 stapled copy of all pages with your application package

**INSTRUCTIONS – SECTION VI****PHCNP CERTIFICATE PROGRAM VERIFICATION OF EMPLOYMENT HOURS FORM**

Using the employer-completed Verification of Employment Hours form, provide evidence that you meet the nursing practice requirement of the equivalent of 2 years of full-time work (a minimum of 3,640 hours within the past 5 years) as a Registered Nurse. Include the original completed form plus one copy.

Note that a “Conditional” offer of admission may be considered for those applicants planning to meet this requirement by September 1 of the current academic year. Proof of completion of hours is required prior to the start of classes in September.

**INSTRUCTIONS – SECTION VII****APPLICATION CHECKLIST**

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

- Application Form - Pages 3 through 5
- Personal Essay
- One Official Clinical Letter of Recommendation
- Verification of Employment Form

**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 are required to submit a complete application on **February 15**.
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](mailto:gerry.warner@ryerson.ca).

**PHCNP NURSING PRACTICE LETTER OF RECOMMENDATION**

Last Name of Applicant	First and Middle Name (s)
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- Please note that your information is confidential and is not to be/will not be released to the applicant.
- This Letter of Recommendation form must be completed and submitted electronically. Along with submitting the electronic reference form, you have the ability to attach a personalized Letter of Support.
- If your institution or organization is located outside Canada, then you are required to also attach a personalized Letter of Support on the official letterhead of your institution or organization, in which you refer to and confirm the contents of this form.
- Knowledge of Applicant:** In what capacity and for how long have you know the applicant (e.g., as teacher, supervisor, employer)? I was the applicant's \_\_\_\_\_ for \_\_\_\_\_ years and/or \_\_\_\_\_ months between the year \_\_\_\_\_ and \_\_\_\_\_.
- Specific Attributes:** For each category check the appropriate box. We are interested in the applicant's nursing practice ability, scholarly promise, and ability to successfully complete an intensive clinical program of study. The comparison group should be applicants at a comparable stage in their nursing practice career.

Attribute	Outstanding Upper 5%	Superior Upper 15%	Good Upper 25%	Average Upper 50%	Marginal Lower 50%	Unable to Assess
Nursing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Directedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Manage & Work Under Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<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"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Learn New Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



6. Compared to others I have recommended, I would rank this candidate for the PHCNP program:

**Top 2%**

**3-10%**

**11-20%**

**21-30%**

**31-50%**

**Below 50%**

7. In the space below, please comment on the applicant's practice strengths, weaknesses and potential for meeting the demands of the PHCNP program. We strongly encourage to you to attach an additional letter.

8. Referee Information

Referee Last Name		Referee Given Name(s)	
Institution	Position	Department	
Address			City
Province/State	Country	Postal or Mailing Code	Telephone Number
E-mail Address		FAX	Date YYYY/MM/DD

**VERIFICATION OF EMPLOYMENT HOURS FORM**

Students applying to the combined MN/ PHCNP Certificate program must complete at least 3640 hours within the last 5 years as a Registered Nurse prior to beginning the program in September 2011. Please let us know where and when you completed your RN hours.

**Section 1:** THIS SECTION IS TO BE COMPLETED BY THE APPLICANT AND SENT TO THE EMPLOYER. PHOTOCOPIES OF THIS SHEET MAY BE MADE TO DISTRIBUTE TO ALL EMPLOYERS OF THE LAST 5 YEARS.

Last Name		Given Name(s)	
Date of Employment:	From YYYY/MM/DD	To YYYY/MM/DD	

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 current 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: \_\_\_\_\_

**Section 2:** THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER. PLEASE COMPLETE THIS SECTION AND PLACE THE FORM IN YOUR INSTITUTION/ORGANIZATION ENVELOPE, COUNTERSIGN AND DATE ACROSS THE SEAL AND RETURN THE ENVELOPE TO THE APPLICANT FOR SUBMISSION WITH THEIR APPLICATION PACKAGE.

Name of Employee:			
Date of Employment:	From YYYY/MM/DD	To YYYY/MM/DD	
Please Indicate Total Hours Worked:			
Employment Agency Name & Address			
		City	Province/State
Country	Postal or Mailing Code	Telephone Number	FAX

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

<b>LONG-TERM CARE</b>	<b>ACUTE CARE</b>	<b>COMMUNITY CARE</b>
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: \_\_\_\_\_