

Graduate Program Admission Protocol

The following admission information for the Master of Science Degree in Nursing is offered by the Department of Nursing, California State University, Long Beach. The goal of the program is to prepare exceptional nurses within their specialty.

Adult/Gero (A/GNP)

Family (FNP)

Pediatrics (PNP)

Psychiatric/Mental Health (PMHNP)

Women's Health Care (WHCNP)

Adult Acute Care CNS

Dual master's degree in

Nursing & Public Health (MSN/MPN)

Nursing & Health Care Administration (MSN/MSHCA)

Other areas of emphasis:

School Nurse Credential (postmasters for PNP/FNPs)

School Nurse Credential only (different application)

Nurse Educator

The time required to complete the programs varies with the program selected, but usually requires three to four full-time (9 units or more) semesters for the single degree and 2 1/2 years for the dual degrees.

ADMISSION REQUIREMENTS:

Mandatory Requirements for admission to all graduate programs:

- 1) Minimum GPA 2.75 (3.0 for the dual degree programs) in undergraduate program
- 2) GPA of 3.0 in all pre-requisite courses
- 2) Current R.N. license or eligibility to practice nursing in California
- 3) Bachelor of Science in Nursing Degree (BSN), (although other health related Bachelor Degrees will be considered on an individual basis –community health nursing course will be required)
- 4) Three Evaluation Checklists: (One from each of the following)
 - a. A recent educator (e.g. academic, Continuing Education, or certificate)
 - b. A recent employer
 - c. Another health professional (see enclosed form)
- 5) A one page essay demonstrating conceptualization and writing skills of the expanded role in the specialty area for which you have applied. State your reasons for pursuing an advanced degree in Nursing and what you have to offer to the field of nursing. Include a statement of your plans for practice following completion of your educational program. Discuss a current issue in your selected specialty area.

The following prerequisite course must be successfully completed by all MSN options:

Statistics (college level course)

All of the NP and CNS option candidates must have the following prerequisite courses

- 1) Pathophysiology (an upper division or graduate level course)
- 2) Physical Assessment with a clinical component (within the last five years)
Must be able to demonstrate competency by exam
- 3) Community Health Nursing course with clinical experience (Requirement fulfilled by the public/health community nursing course and laboratory course in a nursing baccalaureate program) for applicants who have a non-nursing bachelor's degree.

Additional requirements for specific programs

Adult CNS, Adult/Geriatric, Women's Health and Psych/Mental Health Nurse Practitioner

No additional requirements

Family Nurse Practitioner Program and Pediatric Nurse Practitioner Program

A course in Growth and Development with demonstrated competency upon acceptance into the program

Women' Health Care Program – Challenge student

Prerequisites of Physical Assessment and Pathophysiology waived for any WHCNP graduates of Harbor/UCLA. Please call Graduate Office at (562) 985-4473 for more information.

Concurrent Program in Nursing and Public Health (MSN/MPH)

Official copy of Graduate Record Examination (GRE) scores

Current Professional Resume

PHN Certificate for State of California

Upper Division or Graduate Level Ethics (HSC 451 or equivalent)

Upper Division or Graduate Level Cultural Diversity

Concurrent Program in Nursing and Health Care Administration (MSN/MSHCA)

Official Copy of Graduate Record Examination (GRE)

Or Management Admissions Test (GMAT) scores

Current Professional Resume

A general accounting course

A microeconomics course (or equivalent)

A nursing informatics or information systems course (or equivalent)

Instructions

1. Request for OFFICIAL TRANSCRIPTS OF ALL post High School work sent...

To CSULB's Office of Admissions and Records Yes__No__ Date Requested_____

To Graduate Nursing Dept Yes__No__ Date Requested_____

2. Apply to the **OFFICE OF ADMISSIONS AND RECORDS** at **CSULB**:

Include your registration fee with your application and have **ONE** set of official transcripts of all previous college or university work sent to the CSULB Office of Admissions and Records. Call (562) 985-5471 for further information regarding university admission or apply at csumentor.edu

3. Apply to the **GRADUATE PROGRAM, Department of Nursing**. Submit a completed application form and have ONE separate set of official transcripts of all college or university work sent to the Graduate Program, Nursing Department.

(DO NOT SEND TWO SETS OF OFFICIAL TRANSCRIPTS TO ONE OFFICE.

ONE set must be sent to the **OFFICE OF ADMISSIONS AND RECORDS**, and **ONE** set must be sent to the **GRADUATE NURSING PROGRAM OFFICE**).

Students with foreign transcripts must apply through the Center for International Education at CSULB, (562) 985-5476. Online application at csumentor.edu and **TOEFL** are required.

4. **DEADLINES** - Applications will be accepted at any time prior to the deadlines listed below for the respective semester:

MARCH 15th DEADLINE- admitting once per year for fall semester only.

Family, Pediatric, Adult, Women's Health & Psychiatric/Mental Health Nurse Practitioner

MARCH 15th and OCTOBER 15th Deadlines for CNS, Women's Health Care Challenge Student, MSN/MSHCA and MSN/MPH.

5. **It is the student's responsibility to make certain that all applications are complete and submitted by the deadline.** Check with the Graduate Nursing Office, before the posted deadline to make sure your file is complete. **YOU WILL NOT BE NOTIFIED IF YOUR FILE IS INCOMPLETE.** Incomplete applications will not be reviewed. Official Transcripts *should be* included with all applications. Unofficial transcripts may be submitted with Official transcripts to follow. Student will not be formally admitted until the Official Transcripts are received and approved.

6. Candidates who completed a post-masters program must include transcripts from master's as well as any other postmasters education. Academic degrees must have been awarded from an institution of higher learning accredited by a nationally recognized regional accrediting body. If the degree was awarded from a college or university outside of the United States, the Center for International Education will evaluate the transcript.
7. We do not pull forms from old files or applications. Appropriate forms must be submitted with each individual application. ***Retain a copy of everything submitted as all submitted application materials become property of CSULB and will not be returned.***
8. CSULB is not responsible for lost, late, or misdirected mail. CSULB cannot guarantee the processing of applications that arrive after the published deadline.

Important: *In order to receive acknowledgement of receipt of your application include a self-addressed/stamped envelope and allow at least 6 to 8 weeks.*

SELECTION PROCESS for Graduate Nursing Programs

An admission committee, including faculty from the specialty area indicated on the application, will evaluate the application. Applicants are selected based on a scale of 100 points obtained from information in the applicant's file. This will rank students from highest to lowest scores within the specialty the applicant is applying. Applicants with all pre-requisite courses completed will be given preference for admission. As each program fills, alternates in order of ranking are selected. Alternates may be admitted through the second week of the semester in the event a student does not accept admission or drops out. Applicants not admitted may reapply for the next admission date.

NOTIFICATION PROCESS

Letter of the decision regarding acceptance whether they are admitted, an alternate, not admitted or not qualified will notify applicants. Applicants who decline acceptance for the semester to which they apply must provide a letter to the Student Affairs Committee of the intent to enter, or not enter, at a later date. Students entering in a different semester will compete with the eligible pool of applicants for that semester. No priority will be given. (A new application to the university will need to be made for each subsequent semester.) Applications of those not admitted will be kept and filed in the Department of Nursing for one year at which time they will be destroyed.

1. Students who wish to be reconsidered for admission in the next application period must submit a letter to the Student Affairs Committee of their intent to reapply.
2. A new application to the university will need to be made for each subsequent application.
3. It is the student's responsibility to keep his or her file current with the Graduate Nursing Office (including update of transcripts and prerequisites).
4. Students who reapply will not be given special/priority status.

STUDENT COUNSELING

General counseling sessions are held monthly, usually one Wednesday or Thursday of each month during the semester from 5PM to 6PM in the Department of Nursing. Please call 562-985-4473 to verify dates and times. Sessions are generally not held in the months of May-August.

Submit completed Nursing Department application packet to:

**Graduate Program
Department of Nursing
California State University, Long beach
1250 Bellflower Blvd.
Long Beach, CA 90840**

PREREQUISITE COURSES: Must be completed prior to admission.

List courses taken or courses that you are planning to take

1. STATISTICS :

| | Course Name & Number | Units |
|-------------------------------------|-------------------------------------|-------|
| Date completed or planning to take: | _____ Grade _____ Institution _____ | |

2. PHYSICAL ASSESSMENT:

| with Clinical Practice | Course Name & Number | Units |
|-------------------------------------|-------------------------------------|-------|
| Date completed or planning to take: | _____ Grade _____ Institution _____ | |

Must be taken within the last five years and demonstrate competency by exam

MSN/MPH, MSN/MSHCA, & Women's Health Challenge candidates exempt

3. PATHOPHYSIOLOGY:

| Upper Division or Graduate Level | Course Name & Number | Units |
|-------------------------------------|-------------------------------------|-------|
| Date completed or planning to take: | _____ Grade _____ Institution _____ | |

MSN/MPH, MSN/MSHCA, & Women's Health Challenge candidates exempt

4. GROWTH AND DEVELOPMENT

| (Family and Pediatric students only) | Course Name & Number | Units |
|--------------------------------------|-------------------------------------|-------|
| Date completed or planning to take: | _____ Grade _____ Institution _____ | |

The following courses are prerequisites for the MSN/MPH applicants ONLY

ETHICS:

| (HSC 451 or Equivalent) | Course Name & Number | Units |
|--|-------------------------------------|-------|
| Upper Division or Graduate Level: Date completed or planning to take: | _____ Grade _____ Institution _____ | |

CULTURAL DIVERSITY:

| | Course Name & Number | Units |
|-------------------------------------|-------------------------------------|-------|
| Date completed or planning to take: | _____ Grade _____ Institution _____ | |

The following courses are prerequisites for the MSN/MHCA applicants ONLY

GENERAL ACCOUNTING:

| | Course Name & Number | Units |
|-------------------------------------|-------------------------------------|-------|
| Date completed or planning to take: | _____ Grade _____ Institution _____ | |

MICROECONOMICS:

| | Course Name & Number | Units |
|-------------------------------------|-------------------------------------|-------|
| Date completed or planning to take: | _____ Grade _____ Institution _____ | |

INFORMATION SYSTEMS:

| | Course Name & Number | Units |
|-------------------------------------|-------------------------------------|-------|
| Date completed or planning to take: | _____ Grade _____ Institution _____ | |

****The following course is required for Non-BSN Applicants:**

COMMUNITY HEALTH NURSING WITH A LAB

| | Course Name & Number | Units |
|-------------------------------------|-------------------------------------|-------|
| Date completed or planning to take: | _____ Grade _____ Institution _____ | |

GENERAL INFORMATION

Are you bilingual? Yes___ No___ If yes, list language(s)_____

Number of years working as a nurse with a culturally diverse population?_____

(Optional) The following is requested to assist us with grant and accreditation information.

Thank you for your assistance. Birthdate, including year_____ Ethnicity_____

Do you plan to work with a medically under served population after graduation?

Yes___ No___ If yes, where and type of practice _____

COMPUTER SKILLS

YES

NO

Can you search and retrieve information from the Internet? _____

Are you able to use e-mail? _____

Can you do word processing? _____

You are expected to be able to do these computer skills in the graduate program. If you are unable, it is recommended that you take computer courses to prepare for the program.

MALPRACTICE DATA:

Carrier:_____ Policy #_____

Expiration Date_____ Area of practice covered by policy_____

Amount of coverage_____

PRESENT EMPLOYMENT:

Agency:_____ Position_____

Address_____ Telephone_____

Length of Employment:_____ Specialty area of nursing_____

Will agency allow leave of absence for Full-time study? Yes_____ No_____

Part-time study? Yes_____ No_____

PREVIOUS EMPLOYMENT: Include all employment, starting with most recent. Attach another sheet of paper if more room is needed.

Agency_____ Position_____ Part/Full Time Dates_____

CONCURRENT PROGRAM IN NURSING AND PUBLIC HEALTH (MSN/MPH) ONLY:

PHN Certificate: _____

(GRE) Scores: Verbal _____ Quantitative: _____

**CONCURRENT PROGRAM IN NURSING AND HEALTH CARE ADMINISTRATION
(MSN/MSHCA ONLY)**

(GRE) Scores: Verbal _____ Quantitative: _____

OR

(GMAT) Scores: Verbal _____ Quantitative: _____

WRITTEN ESSAY: (To the following question **limit your response to ONE typewritten page**, and **attach** the page to your application).

Describe your conceptualization of the expanded role in the specialty area for which you have applied. Include a statement of your plans for practice following completion of your educational program. Discuss a current issue in your selected specialty area.

(Signature)

(Date)

CALIFORNIA STATE UNIVERSITY, LONG BEACH

Department of Nursing

EVALUATION CHECKLISTS

Enclosed you will find three (3) Evaluation Checklists which will need to be completed by the following people:

1. A nursing educator from a program (for example; academic, certificate, C.E., involving an instructor over a number of meetings and days) in which you were most recently enrolled (preferably from the specialty in which you wish to enroll).
2. A recent employer.
3. Another health professional.

If you are unable to obtain an evaluation in any one* of these three categories, you may obtain a relevant evaluation from another individual in the remaining two categories. (*This may be necessary if the program in which you were most recently enrolled no longer has the same instructor, or if the program no longer exists). Be sure to put your own name at the top of each Evaluation Checklist. The Evaluation Checklist must be mailed directly to the Department of Nursing by the evaluator. You are advised to give each person a stamped envelope addressed to:

**California State University, Long Beach
Graduate Nursing Program
1250 Bellflower Blvd.
Long Beach, CA 90840-0301**

The Evaluation Checklists will be considered, along with other stated criteria, in the Admission Committee's evaluation of your application to the Graduate Program. Because these evaluations are quantified, it is essential that the person evaluating you uses the checklist provided. The score will be added to your admission profile.

CALIFORNIA STATE UNIVERSITY, LONG BEACH

Graduate Nursing Program
1250 Bellflower Blvd.
Long Beach California 90840-0301

Date: _____

_____ is applying for admission to our Graduate Nursing Program. We would appreciate your evaluation of the applicant in the following areas. Please feel free to add any comments you feel may be helpful to us. Thank you very much.

| | <u>Excellent</u> | | <u>Average</u> | | <u>Poor</u> | | <u>Not Observed</u> | <u>Comments</u> |
|------------------------------------|------------------|---|----------------|---|-------------|--|---------------------|-----------------|
| | 5 | 4 | 3 | 2 | 1 | | | |
| 1. Creativity | | | | | | | | |
| 2. Consistency | | | | | | | | |
| 3. Emotional Stability | | | | | | | | |
| 4. Flexibility | | | | | | | | |
| 5. Initiative | | | | | | | | |
| 6. Interpersonal Skills | | | | | | | | |
| 7. Logical Thinking | | | | | | | | |
| 8. Responsibility | | | | | | | | |
| 9. Self-directed Learning | | | | | | | | |
| 10. Sense of Humor | | | | | | | | |
| 11. Ability to deal with ambiguity | | | | | | | | |

COMMENTS: _____

In what capacity have you known the applicant? _____
 How long have you known this applicant? _____

Name: _____

Position: _____

Agency: _____

Address: _____

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CALIFORNIA STATE UNIVERSITY, LONG BEACH
Department of Nursing