



MOUNT MARTY

# MASTER OF SCIENCE IN NURSING

---

## PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER APPLICATION PACKET

The Mount Marty tradition of service learning and outreach to underserved populations stimulated the development of a Master of Science in Nursing program. The learning outcomes from the Mount Marty Master of Science in Nursing program are based on *The Essentials for Master's Education in Nursing* as published by the American Association of Colleges of Nursing (AACN, 2011).

Psychiatric Mental Health Nurse Practitioners (PMHNPs) are clinical experts prepared to implement a holistic approach to mental health care for individuals, families, groups, and communities. The focus of the PMHNP track is to provide the academic knowledge and the clinical skills necessary to provide mental health promotion, disease prevention, assessment, and management of psychiatric illnesses.

During the Mount Marty PMHNP program, you will be trained to use an evidence-based approach to diagnose and treat a variety of mental health conditions through the provision of pharmacotherapy and psychotherapy. Upon graduation, you will be prepared to meet the mental health care needs of a variety of rural and underserved populations.



The master's degree program in nursing and the post-graduate APRN certificate program at Mount Marty University is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791.

# ADMISSION REQUIREMENTS & APPLICATION PROCEDURE

---



**MOUNT MARTY**  
UNIVERSITY

To be accepted/admitted into the Master of Science in Nursing Psychiatric Mental Health Nurse Practitioner track, the applicant must submit documentation of the following:

- Bachelor's degree in nursing from an ACEN or CCNE accredited program.
- Cumulative GPA of 3.0 on a 4.0 scale (official transcripts from all attended institutions are required).
- Current licensure as an RN with at least one year (two years preferred) of professional RN practice.
- Basic Life Support for Healthcare Providers.
- Three letters of recommendation mailed to the Mount Marty Admissions Office by the evaluator.
- Current Resume
- Personal Essay.
- Criminal Background Check.

The MSN Admission Committee will carefully review completed applications submitted before the application deadline including academic performance, nursing experience, references, and supporting materials. Because class size is limited, not all candidates who meet minimum requirements may be admitted to the program. Interviews will be scheduled with selected applicants. Applicants will be notified in writing of the MSN Admission Committee decision regarding acceptance into the program. Incomplete applications or applications received after the designated deadline will be reviewed at the discretion of the MSN Admission Committee.

International students are asked to follow the additional admission procedures online at:  
<https://www.mountmarty.edu/future-students/new-students/internationalstudents/>.

# PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER APPLICATION INSTRUCTIONS & CHECKLIST

---



**MOUNT MARTY**  
UNIVERSITY

All application materials must be received no later than the application deadline for the term of your interest. Incomplete applications or applications received after the application deadline will be reviewed at the discretion of the MSN Admission Committee.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ I have been employed as an RN since: \_\_\_\_\_ (mm/yy)

Please select the semester you intend to start: \_\_\_\_ Summer (May) \_\_\_\_ Fall (August) \_\_\_\_ Spring (January)

**Step 1: Before submitting your application packet, please complete the Master of Science in Nursing online Demographic Questionnaire located at: <https://www.mountmarty.edu/future-students/apply/apply-msn-psychiatric-mental-health-nurse-practitioner/>**

**Submission date of online Demographic Questionnaire:** \_\_\_\_\_

**Please choose a Program Track:**

- \_\_\_\_ I currently have a Bachelor's degree in nursing and am looking to earn my Master of Science in Nursing – PMNHNP degree.
- \_\_\_\_ I am an Advanced Practice Registered Nurse (APRN) and am looking to earn a PMHNP Post-Graduate Certificate.
- \_\_\_\_ I currently have a Master's degree in Nursing and am looking to become a Psychiatric Mental Health Nurse Practitioner.

**Step 2: The following documentation must be submitted to the Mount Marty Admissions Office. Do not send documents to the Mount Marty Nursing Division.**

- \_\_\_\_ One official transcript from ALL colleges/universities attended. For transcripts to be considered official, they must be sent directly from the institutions to the Mount Marty Admissions Office.
- \_\_\_\_ Official transcript verification of classes in which you are currently enrolled.

# PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER APPLICATION INSTRUCTIONS & CHECKLIST

---



**MOUNT MARTY**  
UNIVERSITY

- \_\_\_\_ Three (3) unopened recommendation forms. Give the form to the recommender with a business sized envelope addressed to the Mount Marty Admissions Office, 1105 W. 8th Street, Yankton, SD 57078 and stamped if indicated. The recommender should seal the envelope, sign the flap and send directly to the Mount Marty.
- \_\_\_\_ Current resume.
- \_\_\_\_ Personal essay. Your essay should describe your goals for graduate study, reasons you selected advanced practice nursing as your career choice, and characteristics you offer to this level of practice, service, and research. Essays should be typed and no more than 500 words.
- \_\_\_\_ Photocopy of your current RN license (and APRN license if applicable).
- \_\_\_\_ Photocopies of current certifications (i.e. BLS, ACLS, PALS, CPI).
- \_\_\_\_ This completed checklist.

**By signing this document, I agree to the following conditions:**

**Please initial each statement.**

- \_\_\_\_ I acknowledge a \$100 non-refundable tuition deposit is required upon acceptance.
- \_\_\_\_ I am giving the Mount Marty Division of Nursing permission to access my student background check.
- \_\_\_\_ I acknowledge professional liability insurance will be provided by Mount Marty.
- \_\_\_\_ I acknowledge and agree to attend the MSN seminars (two per semester).
- \_\_\_\_ I attest that I have taken a graduate level statistics course and the transcript has been sent or that I will take the Mount Marty graduate statistics course (MTH 519).
- \_\_\_\_ I understand I must have Basic Life Support Healthcare Provider (BLS) upon admission to the MSN program.

**Continued on the next page.**

# PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER APPLICATION INSTRUCTIONS & CHECKLIST

---



**MOUNT MARTY**  
UNIVERSITY

☐ **Traditional PMHNP Student**

I understand I must be compliant with all immunization requirements before the conclusion of my first semester.

☐ **PMHNP Post-Graduate Certificate Student**

I understand I must be compliant with all immunization requirements before starting any clinical experience.

☐ I acknowledge I am financially responsible for tuition, fees, purchases, or charges assessed to my Mount Marty student account.

☐ I agree to follow all Mount Marty and MSN program policies and procedures as presented in current handbooks and the college catalog.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail all application materials to:**

Mount Marty Admissions Office  
1105 West 8<sup>th</sup> Street  
Yankton, SD 57078

# EDUCATION & CERTIFICATION DATA FORM

---



**MOUNT MARTY**  
UNIVERSITY

## Education Information:

Applicants must possess a bachelor's degree in nursing from a ACNE or CCNE accredited program and have maintained a cumulative GPA of 3.0 on a 4.0 scale. Degrees must be completed with final official transcripts submitted prior to beginning the program.

Applicants seeking a FNP or PMHNP post-graduate certificate must possess an advanced practice registered nurse (APRN) degree and have maintained a cumulative GPA of 3.0 on a 4.0 scale. Degrees must be completed with final official transcripts prior to beginning the program.

Nursing Education	Institution	Date Conferred	GPA
Diploma in Nursing			
Associate Degree in Nursing			
Bachelor Degree in Nursing			
Graduate Degree in Nursing			

Other Degrees	Institution	Date Conferred	GPA

## Certificates/Professional Organizations:

Please include photocopies of all certification held:

**BLS Certification:**    \_\_\_ Yes

\_\_\_ No

**Expiration Date:** \_\_\_\_\_

**ACLS Certification:**    \_\_\_ Yes

\_\_\_ No

**Expiration Date:** \_\_\_\_\_

**PALS Certification:**    \_\_\_ Yes

\_\_\_ No

**Expiration Date:** \_\_\_\_\_

**CPI Certification:**    \_\_\_ Yes

\_\_\_ No

**Expiration Date:** \_\_\_\_\_

# EDUCATION & CERTIFICATION DATA FORM

---



**MOUNT MARTY**  
UNIVERSITY

Please list other certifications:

Please list professional organizations of which you are a member:

# RECOMMENDATION BY PROFESSIONAL PEER

---



**MOUNT MARTY**  
UNIVERSITY

Applicant please type or print:

Applicant: \_\_\_\_\_  
Last First Middle Other Last Name

*I have read and approved this request for information. I voluntarily give permission to my Professional Peer to complete this recommendation for the Mount Marty MSN program. I voluntarily waive any right of access to this confidential letter of recommendation.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following is to be completed by a current Professional Peer:

The Mount Marty MSN Admission Committee appreciates your cooperation in determining this applicant's potential for success, both as a graduate student and in an advanced practice role as a nurse practitioner. Your candid opinion is appreciated. This information will be held in confidence if the applicant has signed the above waiver. Please complete your evaluation using this Mount Marty Recommendation form. Place the completed evaluation in the envelope provided by the applicant and seal the flap. Please sign your name across the flap and mail to the Mount Marty Admissions Office – 1105 West 8th Street, Yankton, SD 57078.

How long have you known the applicant professionally? \_\_\_\_\_

What are the applicant's strengths?

What are the applicant's weaknesses?

Do you believe the applicant has adequate registered nurse experience to move on to an advanced practice nursing role?

Please provide any additional comments that would be of value to the Admission Committee. Feel free to use the space below or attach a letterhead bearing your signature.





# RECOMMENDATION BY PROFESSIONAL PEER

---



**MOUNT MARTY**  
UNIVERSITY

	Excellent	Above Average	Average	Below Average	Not Observed
Integrity					
Emotional Maturity					
Motivation					
Social Values					
Intellectual Ability					
Ability to Organize					
Interpersonal Skills					
Leadership Qualities					
Professional Manner					
Performance in Critical Situations					
Enthusiasm for Learning					
Acceptance of Criticism					
Communication Skills					
Reliability					
Clinical/Professional Competence					
Critical Thinking/Analytic Abilities					
Self-Confidence					
Potential for Advanced Practice Nursing					
Potential for Graduate Study					
Participation as a Mentor/Preceptor					
Participation in Unit Meetings/Committees					

Overall Recommendation: Please check one.

\_\_\_\_ I highly recommend this applicant.

\_\_\_\_ I recommend this applicant with reservations.

\_\_\_\_ I recommend this applicant.

\_\_\_\_ I do not recommend this applicant (Please explain.)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

May we contact you for additional information/clarification?

\_\_\_\_ Yes

\_\_\_\_ No

# RECOMMENDATION BY MEDICAL PROVIDER (MD/DO/CNP/PA-C)

---



**MOUNT MARTY**  
UNIVERSITY

Applicant please type or print:

Applicant: \_\_\_\_\_  
Last First Middle Other Last Name

*I have read and approved this request for information. I voluntarily give permission to my Medical Provider to complete this recommendation for the Mount Marty MSN program. I voluntarily waive any right of access to this confidential letter of recommendation.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following is to be completed by a current Provider (MD/DO/CNP/PA-C):

The Mount Marty MSN Admission Committee appreciates your cooperation in determining this applicant's potential for success, both as a graduate student and in an advanced practice role as a nurse practitioner. Your candid opinion will be appreciated. This information will be held in confidence if the applicant has signed the above waiver. Please complete your evaluation using this Mount Marty Recommendation form. Place the completed evaluation in the envelope provided by the applicant and seal the flap. Please sign your name across the flap and mail to the Mount Marty Admissions Office – 1105 West 8th Street, Yankton, SD 57078.

How long have you known the applicant professionally? \_\_\_\_\_

What are the applicant's strengths?

What are the applicant's weaknesses?

Do you believe the applicant has adequate registered nurse experience to move on to an advanced practice nursing role?

Please provide any additional comments that would be of value to the Admission Committee. Feel free to use the space below or attach a letterhead bearing your signature.



# RECOMMENDATION BY MEDICAL PROVIDER (MD/DO/CNP/PA-C)



**MOUNT MARTY**  
UNIVERSITY

	Excellent	Above Average	Average	Below Average	Not Observed
Integrity					
Emotional Maturity					
Motivation					
Social Values					
Intellectual Ability					
Ability to Organize					
Interpersonal Skills					
Leadership Qualities					
Professional Manner					
Performance in Critical Situations					
Enthusiasm for Learning					
Acceptance of Criticism					
Communication Skills					
Reliability					
Clinical/Professional Competence					
Critical Thinking/Analytic Abilities					
Self-Confidence					
Potential for Advanced Practice Nursing					
Potential for Graduate Study					
Participation as a Mentor/Preceptor					
Participation in Unit Meetings/Committees					

Overall Recommendation: Please check one.

\_\_\_\_ I highly recommend this applicant.

\_\_\_\_ I recommend this applicant with reservations.

\_\_\_\_ I recommend this applicant.

\_\_\_\_ I do not recommend this applicant (Please explain.)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

May we contact you for additional information/clarification?

\_\_\_\_ Yes

\_\_\_\_ No

# RECOMMENDATION BY NURSING DIRECTOR/MANAGER

---



**MOUNT MARTY**  
UNIVERSITY

Applicant please type or print:

Applicant: \_\_\_\_\_  
Last First Middle Other Last Name

*I have read and approved this request for information. I voluntarily give permission to my Nursing Director/Manager to complete this recommendation for the Mount Marty MSN program. I voluntarily waive any right of access to this confidential letter of recommendation.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following is to be completed by a current Nursing Unit Director/Manager:

The Mount Marty MSN Admission Committee appreciates your cooperation in determining this applicant's potential for success, both as a graduate student and in an advanced practice role as a nurse practitioner. Your candid opinion will be appreciated. This information will be held in confidence if the applicant has signed the above waiver. Please complete your evaluation using this Mount Marty Recommendation form. Place the completed evaluation in the envelope provided by the applicant and seal the flap. Please sign your name across the flap and mail to the Mount Marty Admissions Office – 1105 West 8th Street, Yankton, SD 57078.

How long have you known the applicant professionally? \_\_\_\_\_

What are the applicant's strengths?

What are the applicant's weaknesses?

Do you believe the applicant has adequate registered nurse experience to move on to an advanced practice nursing role?

Please provide any additional comments that would be of value to the Admission Committee. Feel free to use the space below or attach a letterhead bearing your signature.



# RECOMMENDATION BY NURSING DIRECTOR/MANAGER



**MOUNT MARTY**  
UNIVERSITY

	Excellent	Above Average	Average	Below Average	Not Observed
Integrity					
Emotional Maturity					
Motivation					
Social Values					
Intellectual Ability					
Ability to Organize					
Interpersonal Skills					
Leadership Qualities					
Professional Manner					
Performance in Critical Situations					
Enthusiasm for Learning					
Acceptance of Criticism					
Communication Skills					
Reliability					
Clinical/Professional Competence					
Critical Thinking/Analytic Abilities					
Self-Confidence					
Potential for Advanced Practice Nursing					
Potential for Graduate Study					
Participation as a Mentor/Preceptor					
Participation in Unit Meetings/Committees					

Overall Recommendation: Please check one.

\_\_\_\_ I highly recommend this applicant.

\_\_\_\_ I recommend this applicant with reservations.

\_\_\_\_ I recommend this applicant.

\_\_\_\_ I do not recommend this applicant (Please explain.)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

May we contact you for additional information/clarification?

\_\_\_\_ Yes

\_\_\_\_ No