

## College of Nursing and Health Professions Graduate Program Selection Form

College of Nursing and Health Professions applicants must complete this form and submit it with the application for admission to graduate study. Please see the current Graduate Catalog for program descriptions before completing this form available at <http://www.usm.maine.edu/catalogs/>.

Applicant:

Last name	First name	Middle initial

A. For which program are you applying? (*check one only*)

- M.S. Degree (For R.N.s with a Baccalaureate degree in Nursing)\*
- R.N. to M.S. (For R.N.s with an Associate degree or diploma in Nursing)\*
- 2<sup>nd</sup> Degree M.S. Option (For individuals with a non-nursing Baccalaureate Degree)
- Post-Masters Certificate of Advanced Study (For individuals with a Master's Degree in Nursing)\*
- Certificate of Graduate Study (For individuals with a Bachelor's or Master's Degree in Nursing)\*

***\*You must provide a photocopy of your current licensure as a registered professional nurse in Maine.***

B. M.S., R.N. to M.S., and 2<sup>nd</sup> Degree M.S. Option applicants only:

Indicate choice of clinical concentration (*check one only*)

- Family Nurse Practitioner
- Adult Nurse Practitioner
- Adult Psychiatric/Mental Health Clinical Nurse Specialist/Nurse Practitioner
- Adult Psychiatric/Mental Health Clinical Nurse Specialist
- Family Psychiatric/Mental Health Nurse Practitioner
- Adult Health Clinical Nurse Specialist
- Clinical Nurse Leader (not available for M.S. Option applicants)

C. Post-Master's Certificate of Advanced Study applicants only:

Indicate choice of clinical concentration (*check one only*)

- Family Nurse Practitioner
- Adult Nurse Practitioner
- Adult Psychiatric/Mental Health Clinical Nurse Specialist/Nurse Practitioner
- Adult Psychiatric/Mental Health Clinical Nurse Specialist
- Adult Psychiatric/Mental Health Nurse Practitioner\*\*
- Adult Health Clinical Nurse Specialist
- Family Psychiatric/Mental Health Nurse Practitioner\*\*\*

**\*\*Adult Psychiatric/Mental Health Nurse Practitioner (Must provide evidence of current Adult Psychiatric/Mental Health Clinical Nurse Specialist certification)**

**\*\*\*Family Psychiatric/Mental Health Nurse Practitioner (Must provide evidence of current Adult Psychiatric/Mental Health Clinical Nurse Specialist & Nurse Practitioner certification)**

- D. Are you currently enrolled as a special student at USM?     Yes     No  
 Have you completed other course work as a special student at USM?     Yes     No

If you answered yes to either of the above questions, please list the course names:

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