

**Faculty of Health Studies**

**Application for Master of Psychiatric Nursing Program**

Please submit this form along with the application fee and following supporting documentation to the Coordinator, Master of Psychiatric Nursing (MPN) Program. All materials must be received by **February 15** for entry in September. Incomplete applications will not be considered.

Supporting documentation

 University transcripts.

 A Curriculum Vitae / Resume that includes the following:

* Educational preparation;
* Employment experience; at least two equivalent full-time years of practice experience in psychiatric nursing or mental health nursing is required.
* Community service, including involvement in professional associations;
* Awards and honours;
* Research projects and publications;
* Continuing education;
* Innovation in clinical practice; and
* Any other supporting information.

 Proof of active Canadian licensure as a registered psychiatric nurse or registered nurse

 A Statement of Interest, which must include (500-750 words):

* Rationale for interest in the MPN program;
* Rationale for interest in a particular program stream (i.e. clinical, education, and administration);
* Research proposal synopsis to identify;
  + the phenomena or area(s) of interest for potential research and rationale;
  + potential research questions;
  + possible methodology (qualitative, quantitative).

 Two confidential letters of reference.

 Application fee - $100.00.

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

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell

Program area of specialization preferred (must check only one area)

 Administration

 Clinical Practice

 Education

Brandon University defines full-time attendance in a graduate program as nine or more credit hours per year (September to August). Do you plan to study:

 Part-time or

 Full-time?

**Educational Background**

|  |  |  |
| --- | --- | --- |
| Post-secondary institution attended | Date last attended | Credential / degree earned |
|  |  |  |
|  |  |  |
|  |  |  |

**Proof of Registration**

Applicants must be registered with a psychiatric nursing or nursing licensing body in Canada. Please identify the licensing body or bodies you are currently registered with. We will contact the licensing body to verify registration.

Licensing body / bodies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Letter of Recommendation**

Please list the name and position of two persons being asked to submit a letter of recommendation.

|  |  |
| --- | --- |
| Name | Position |
|  |  |
|  |  |

**Declaration**

I declare that I am a Canadian Citizen/Permanent Resident. I also declare that I have answered all questions accurately. I understand that misinformation will invalidate this application. I have enclosed official documents to support application. By my signature I hereby authorize and provide a waiver to previous post-secondary institutions I may have attended to release to Brandon University any information which may be required concerning my previous academic record.

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

**Information to assist in completion of the application form**

**Application Fee**

The application fee for the Master of Psychiatric Nursing program is $100. Please make the cheque out to Brandon University and submit the cheque with the MPN application.

Application for admission to the Master of Psychiatric Nursing program also requires admission to Brandon University. If you have not previously attended Brandon University, you will need to complete a separate form and pay a separate fee for admission to Brandon University. Information about admission to Brandon University can be obtained online from <https://www.brandonu.ca/graduate-studies/applications>. Questions about admission to Brandon University can be directed to the Admissions Office, Room 104 A.E. McKenzie Building, 270-18th Street, Brandon, MB, R7A 6A9.

**Educational Background**

Entry into the MPN program requires an undergraduate degree in either psychiatric nursing and or nursing OR a diploma in psychiatric nursing accompanied by an alternative undergraduate degree which includes a research methods course and a statistics course. If the undergraduate program does not sufficiently prepare students for the MPN program, additional courses may be required and must be completed prior to admission.

If you have questions about the suitability of the courses, please contact the Coordinator of the MPN program to discuss further.

**University Transcripts**

Submission of transcripts differs for students who have, and have not attended Brandon University.

Applicants who have not been admitted to Brandon University

If you are applying for admission to Brandon University, transcripts will be submitted with your application to Brandon University.

Applicants who have previously attended Brandon University

You will not need to submit a transcript from Brandon University. However, official transcripts for subsequent courses / programs taken at other institutions must be submitted with this application.

**Letter of Recommendation**

Two letters of reference, one from an academic referee is preferred and one from a supervisor within the past five years is required. If an academic referee is unavailable, please provide another letter of reference from a supervisor/program manager. The referee can email the letter to the Program Assistant, Hayley Bedford, at [bedfordh@brandonu.ca](mailto:bedfordh@brandonu.ca) or send it via mail.

**Mail applications to**:

Master of Psychiatric Nursing Program Coordinator

C/o Hayley Bedford

Faculty of Health Studies

Brandon University

270 - 18th Street

Brandon, MB, R7A 6A9