School of Nursing
Graduate Program Selection Form

School of Nursing 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: ___________________________________________________________________________

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<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle name/initial</th>
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A. For which program are you applying? *(Check 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)*
   ___ 2nd 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 copy of your current licensure as a registered professional nurse in Maine.

B. M.S., R.N. to M.S., and 2nd Degree M.S. Option applicants only:
   **Indicate choice of concentration/specialty (check one only)**
   ___ Adult Nurse Practitioner *(Admission suspended effective January 1, 2012)*
   ___ Family Nurse Practitioner
   ___ Adult Psychiatric/Mental Health Clinical Nurse Specialist *(Admission suspended effective January 1, 2012)*
   ___ Adult Psychiatric/Mental Health Nurse Practitioner *(Admission suspended effective January 1, 2012)*
   ___ Family Psychiatric/Mental Health Nurse Practitioner
   ___ Adult Health Clinical Nurse Specialist *(Admission suspended effective January 1, 2012)*
   ___ Clinical Nurse Leader (not available for M.S. Option applicants)
   ___ Nursing Education (not available for M.S. Option applicants)
   ___ Nursing Management (not available for M.S. Option applicants)
   ___ MS/MBA (Master in Nursing/Master in Business Administration) (not available for M.S. Option applicants)

   *
The American Nurses Credentialing Center (ANCC), in response to the Consensus Model for APRN Regulation, has initiate plans to retire the certifications identified above by 2014.

C. Post-Master’s Certificate of Advanced Study applicants only: (for individuals with a Master in Nursing).
   **Indicate choice of clinical concentration (check one only)**
   ___ Family Nurse Practitioner*
   ___ Family Psychiatric/Mental Health Nurse Practitioner*

   *Applicants must provide evidence of current national certification if initial master’s degree in nursing was in an advanced practice specialty.

D. Are you currently enrolled as a non-matriculated student at USM? ___Yes ___No
   Have you completed other course work as a non-matriculated student at USM? ___Yes ___No

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