

Professional Experience, References & Goals Statement

Professional Experience (List all professional employment, start with the most recent.)

I have a valid active professional nursing licensure: Yes ____ No ____

Institution	City and State	Position Held	Dates of Employment

I am an SSM Employee: Yes ____ No ____

References: Please list the names of three (3) people who know you through education or work-related situations to whom you have distributed the reference forms provided in the application packet. We prefer that the references come from master's-prepared nurses. One should be from your immediate supervisor.

#1. Name & Credentials _____

Title _____

Health Care Facility/Institution _____

Phone # _____

#2. Name & Credentials _____

Title _____

Health Care Facility/Institution _____

Phone # _____

#3. Name & Credentials _____

Title _____

Health Care Facility/Institution _____

Phone # _____

GOALS STATEMENT:

What are your professional goals? How will your Master's degree enhance your achievement of these goals? Please be concise, but scholarly, using this one page for your statement.