

Dear Student Nurse:

Thank you for your interest in the

Methodist Advancement into Professional Practice (MAPP) Program Year-Round

Eligibility Requirements:

- Must be pursuing a bachelor's degree in Nursing
- Must have completed one semester of nursing school before program begins
- Must graduate by December 31st of the year applying for
- Must have a cumulative nursing GPA of 3.2 or higher
- Must be able to complete the one-week MAPP specific orientation on campus

How to Apply:

Interested applicants should submit **one** complete application (incomplete applications will NOT be considered) with the following documents between September 15- October 15th. **Any applications submitted outside of September 15th through October 15th will NOT be considered or reviewed.**

Documents in your application that MUST be submitted by mail (postmarked between September 15th or before October 15th):

- Resume
- Preference Summary Sheet (included in packet) – Please type the application.
- Interest Essay (form included in packet) – Please type the information and submit.
- Please do not submit applications until after September 1st so summer classes can be reflected in your transcript

Documents that CAN be submitted electronically to mapp@houstonmethodist.org OR with your mailed in application:

- **TWO** Faculty Recommendation Forms (included in packet; no letters please) – Faculty may send the form electronically or *if given to the candidate the instructor must sign over the seal of the envelope.*
- Official Transcripts from **nursing** colleges attended (if previous college was only for a few credits, then you may submit unofficial – current school has to have official transcripts submitted). Official transcripts are sealed by the school in an envelope or sent electronically directly from the school to mapp@houstonmethodist.org. *Any transcripts received that are not sealed or have been tampered with will not be accepted and the packet will be marked incomplete.*

Things to Note:

- Communication will only be sent once all applications have been reviewed. *As an applicant you can expect communication by the end of October regardless of when your application was submitted.*
- Communication regarding the scheduling interviews will be conducted after November 1st. All qualifying applicants with complete packets received by the deadline will receive an interview.
- All Methodist Advancement into Professional Practice Program (MAPP) selected participants will start with new employee orientation beginning in January.

Mailing Address:

MAPP
Houston Methodist Hospital
Center for Nursing Research, Education and Practice
7550 Greenbriar, JRB 3-200
Houston, TX 77030

If you have questions or concerns, please feel free to contact us at mapp@houstonmethodist.org

Sincerely,

MAPP Program Coordinators

Center for Nursing Research, Education and Practice

Preferences Summary Sheet

Name _____ Address _____

Phone # _____
City State Zip

Email _____

School: _____

Estimated graduation date: _____

Please indicate your preference for placement in the MAPP Program. Houston Methodist Hospital is an **ADULT CARE FACILITY**; please mark your top three preferences by placing 1, 2, and 3 in respective spaces.

- Medical/Surgical- General _____
- Cardiovascular _____
- Neurology _____
- Transplant _____
- Orthopedics _____
- Progressive Care (IMU) _____
- ICU _____
- Emergency Department _____
- Women's Services _____
- Perioperative Services _____
- Oncology _____

Please complete this form and submit between September 15th- October 15th.

Faculty Recommendation

INSTRUCTIONS: Two Faculty Recommendation forms must be completed by your clinical instructors or a nursing program instructor who can speak to your performance. This form is to be returned by the faculty members or in your complete packet with a signed, sealed envelope.

_____ is applying for a MAPP position with Houston

(PRINT STUDENT NAME AND UNIVERSITY)

Methodist Hospital. Part of the application process is for the student to obtain recommendations from two of their clinical instructors. In an attempt to make the process easier, we have developed this form for faculty recommendations. Please complete the recommendation so that this student can be considered for acceptance to the Methodist Advancement into Professional Practice Program (MAPP).

Rate the student according to the following criteria:

It is my opinion that this student:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Is an independent adult learner	1	2	3	4
2. Is self motivated	1	2	3	4
3. Is reliable	1	2	3	4
4. Knows when to ask for assistance	1	2	3	4
5. Has a strong work ethic	1	2	3	4
6. Is a good candidate for this program	1	2	3	4
7. Is in fine academic standing in my class at this time.	1	2	3	4

Please provide a short statement as to why this student should be selected:

Instructor Name: _____

Date: _____

Instructor Signature: _____

Thank you for your time and effort.

Please return this completed form in a sealed, signed envelope with your complete packet by October 15th, or the faculty instructor may email it directly to mapp@houstonmethodist.org:

MAPP- Houston Methodist Hospital
 Center for Nursing Research, Education and Practice
 7550 Greenbriar, JRB 3-200
 Houston, TX 77030

Interest Essay

Name: _____

School: _____

Please write a brief statement regarding your career goals (you are not limited to the space below).

Please describe why you are interested in the MAPP Program (you are not limited to the space below).