



Dear Student Nurse:

Thank you for your interest in the

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

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

Interested applicants should submit one complete application with the following documents by mail before October 15th:**

- Resume
- 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.
- Preference Summary Sheet (included in packet) – Please Type the application.
- Interest Essay (form included in packet) – Please Type the information and submit.
- 2 Faculty Recommendation Forms (included in packet; no letters please) – Faculty may send the form back to me electronically or **if given to the candidate the instructor must sign over the seal of the envelope.**
- Please do not submit applications until after September 1st so summer classes can be reflected in your transcript.

****Incomplete applications will not be considered. Must be postmarked on or before October 15th.**

Interviews will be conducted during mid-late October and selections made by mid November. All qualifying applicants with complete packets received by the deadline will receive an interview. The Methodist Advancement into Professional Practice Program (MAPP) will start with new employee orientation beginning in January.

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

Do not send the completed packet by email, only send by US mail or overnight service to:

MAPP
Houston Methodist Hospital
Center for Nursing Research, Education and Practice
6565 Fannin, MGJ11-002
Houston, Texas 77030

Sincerely,

MAPP Program
Center for Nursing Research, Education and Practice

Methodist Advancement into Professional Practice Program

Preferences Summary Sheet
Houston Methodist Hospital
Houston, TX

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.

General Medicine	_____
General Surgery	_____
Renal/Endocrine	_____
Inpatient Dialysis	_____
Transplants	_____
Orthopedics	_____
Stroke Unit	_____
Skilled Nursing Facility	_____
Neurosurgery	_____
Neuro ICU	_____
Cardiac/CV Progressive Care Unit	_____
Cardiology	_____
Coronary Care Unit	_____
Cardiovascular ICU	_____
Surgical ICU	_____
Medical ICU	_____
Emergency Department	_____
Outpatient Workup and Recovery	_____
Operating Room	_____
Rehab	_____
Oncology	_____
Gynecology/Urology	_____
Labor & Delivery	_____
Other _____	_____

Please complete this form and return to MAPP by October 15th.

Please give a Faculty Recommendation form to two of 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.

Methodist Advancement into Professional Practice Program

Faculty Recommendation
Houston Methodist Hospital
Houston, Texas

_____ 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).

Please rate the student according to the following criteria:

- 4= strongly agree
- 3= agree
- 2= disagree
- 1= strongly disagree

It is my opinion that this student:

- | | | | | |
|---|---|---|---|---|
| 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
6565 Fannin, MGJ11-002
Houston, Texas 77030

Methodist Advancement into Professional Practice Program

Interest Essay
Houston Methodist Hospital
Houston, TX

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).