



Dear Applicant:

Thank you for your interest in applying to the upper division major in our baccalaureate nursing program. The faculty of the Department of Nursing is proud of the quality of our nursing programs, which are approved by the Kansas State Board of Nursing and accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036-1120.

The deadline for application and transcript submission for Fall 2010 is December 15, 2009. It is the responsibility of the applicant to be sure all items on the check sheet are completed by the December 15th deadline. Applications, which are **incomplete** on this date, will not be considered by the BSN Committee in the first selection of admissions. Completed application packets received after the December 15th deadline will be considered if spaces become available.

If you have any questions about our program, or the application process, please feel free to contact us at 620-235-4431 or you may e-mail the department administrative specialist at ptotman@pittstate.edu

Sincerely,

A handwritten signature in black ink that reads "Mary Carol Pomatto". The signature is written in a cursive, flowing style.

Mary Carol Pomatto, EdD, ARNP-CNS
Chair
Department of Nursing

Forms to Follow:

Instructions for Application to the Department of Nursing
Student Check Sheet
Application for Admission – 2010
Program Guide
Reference Forms
Consent to Release of Criminal History Information
CertifiedBackground.com Student Instructions
Child Abuse and Neglect Central Registry background check form
Kansas Bureau of Investigation background check form

PLEASE READ THESE INSTRUCTIONS CAREFULLY.
RETURNING ONLY PART OF THE REQUIRED FORMS OR FEES WILL DELAY THE REVIEW OF YOUR APPLICATION MATERIALS AND CAN AFFECT YOUR ADMISSION TO THE DEPARTMENT OF NURSING.

**INSTRUCTIONS FOR APPLICATION TO THE
DEPARTMENT OF NURSING, PITTSBURG STATE UNIVERSITY**

1. Complete the application to Pittsburg State University unless you are currently enrolled or have already applied at Pittsburg State University. Access the university application for admission at: www.pittstate.edu/admit/wheretooapply.html or contact the Admissions Office (620) 235-4250.
2. Complete the application for admission to the Department of Nursing. Enclose a check for \$25.00 payable to the Department of Nursing.
3. Arrange for an official transcript from each college or university attended, other than PSU, to be mailed **directly to the nursing department** at Pittsburg State University. **DO NOT** have the transcripts mailed to the Registrar. Transcripts for all semesters except fall 2009 must be received by December 15th or your application is considered **INCOMPLETE**. Transcripts for the fall 2009 semester are expected by January 10, 2010.
4. Fill out the top of three reference forms making sure to enter your name, *check the *waive or do not waive* portion, and sign the waiver of right to access. Distribute reference forms to three individuals (**references from friends, relatives, ministers and personal physicians are not accepted**). **REFERENCES FROM EMPLOYERS, TEACHERS OR ACADEMIC ADVISORS ARE PREFERRED**. Ask the individual to complete the form, place it in an envelope, seal it and put their signature over the seal and mail the sealed reference form to Pittsburg State University; Department of Nursing; 1701 S. Broadway; Pittsburg, KS. 66762
- * **If you waive your right to see the completed reference forms this waiver applies only to these and NOT future references. This request is in compliance with Federal Law P.L. 93-380 (Family Education Rights and Privacy Act of 1974)**
5. Sign and return the enclosed consent for background check form to Pittsburg State University; Department of Nursing; 1701 S. Broadway; Pittsburg, KS. 66762
6. Applicants are required to purchase a background check through CertifiedBackground.com. This is a National Background Check in your *permanent state of residence*. **Read thoroughly** and follow the directions on the CertifiedBackground.com student instruction form in your admission packet.

If you are a permanent resident of any state other than Kansas you are required to have a Kansas Bureau of Investigation Background Check. Complete the KBI Manual Records Check Request form and return with your application with a check payable to the Department of Nursing or PSU in the amount of \$20.00 (this covers a maiden name and one married name). If you have more than one married name the cost is \$20.00 for each two names and you must complete a second form with the additional names.

Note: After unconditional admission to the Department of Nursing, but prior to beginning Level I nursing classes, you will be required to submit to a State of Missouri fingerprint search.

7. Complete the Child Abuse and Neglect Central Registry Release of Information form and return to Pittsburg State University; Department of Nursing; 1701 S. Broadway; Pittsburg, KS. 66762 along with a check in the amount of \$10.00 made payable to SRS Central Registry.

8. A student who is born outside of the United States is required to submit proof that he or she has taken and passed the TOEFL iBT (Test of English as a Foreign Language-Internet Based Test). Minimum scores for the TOEFL iBT are as follows: Writing-20; Speaking-20; Reading-19; Listening-20, for a total of 79 **Each area must meet the minimum requirement. If you cannot submit proof that you have taken the TOEFL iBT and passed by the application deadline you must call the nursing department office 620-235-4431 to let us know the date you have scheduled to test.**
9. If you have taken the ACT, please provide a copy of your results.

To be considered for admission, the complete application packet must be postmarked on or before **December 15, 2009.**

Individuals with a misdemeanor or felony history should be aware that Kansas, or other states, may deny them permission to take the NCLEX-RN exam. Those with felonies against persons will be denied permission to take the NCLEX-RN examination. Those with misdemeanor or felony histories should contact the Kansas State Board of Nursing legal department at 785-296-4324 for information regarding Kansas State Board of Nursing application requirements. The Kansas State Board of Nursing may also be contacted at the following address: Kansas State Board of Nursing, Landon State Office Building, 900 SW Jackson, Suite 1051, Topeka, Kansas 66612-1256.

Disciplinary Action: If you have been disciplined by any Board (e.g. professional licensure) or governmental agency (e.g. Department of Health and Environment regarding CNA, HHA, CMA Certification, Department of Revenue regarding a driver's license suspension, cancellation and/or revocation for any reason), you are **REQUIRED** to provide a certified/dated copy of that Board order or disciplinary/administrative action to the Kansas State Board of Nursing. Please contact other state boards for their requirements if testing outside of Kansas.

Pittsburg State University
Department of Nursing
1701 S. Broadway
Pittsburg, KS 66762

Student Check Sheet

- _____ I have applied to Pittsburg State University *or*
- _____ I am already a student at PSU and do not need to apply again.
- _____ I have completed the application for the Department of Nursing *and*
- _____ I have mailed my completed application along with a check in the amount of \$25.00 (application fee) payable to PSU.
- _____ I have requested my transcripts (colleges other than PSU) be sent to the Department of Nursing by January 10, 2010 for on time.
- _____ I have distributed reference form #1
- _____ I have distributed reference form #2
- _____ I have distributed reference form #3
- _____ I have signed and enclosed, with my nursing department application, the “consent for background check” form.
- _____ I have completed my background check through CertifiedBackground.com
- _____ As a non-resident of Kansas, I have completed the Kansas Bureau of Investigation Manual Record Check Request form and mailed it, with my nursing department application and a check payable to PSU in the amount of \$20.00. Each two names require a new form and \$20.00. **If you have questions on the background checks please call 620/235-4431. Doing this incorrectly may delay processing of your application.**
- _____ I have completed my SRS Child Abuse and Neglect form and mailed it to the department of nursing along with a check in the amount of \$10.00 payable to **SRS. DO NOT MAIL THIS FORM TO SRS YOURSELF.**
- _____ I have provided proof of passage of the TOEFL iBT (only for students born outside of the United States).
- _____ I have provided documentation of my ACT scores.



**Pittsburg State University
Department of Nursing
Bachelor of Science in Nursing
Application for Admission 2010**

Name in Full (**no initials**): _____
(Last) (First) (Middle) (Maiden)

Local Address: _____
(Street) (City) (State) (Zip Code)

Permanent Address: _____
(Street) (City) (State) (Zip Code)

Permanent State of Residency: _____ This is the state you will search when completing your National Background Check (CertifiedBackground.com)

E-mail Address: _____

Cell Phone _____ Home _____ Work _____
 Number: _____ Number: _____ Number: _____

ACT SCORE _____

1. If you have previously been enrolled in a professional or practical nursing program please specify:
 LPN _____ ADN _____ Diploma _____
 Where? _____ Dates _____
2. If you have a degree in another area, please specify: _____
3. I am currently a Certified Nurse Aid (CNA). _____ Yes _____ No
4. I am currently certified in CPR _____ Yes _____ No

Please NOTE: Items #3 and #4 are required BEFORE you may begin upper division nursing classes beginning fall 2010

5. List all colleges/universities attended. State if a degree was earned.
Please send an official transcript from all colleges attended (except PSU) to the Department of Nursing.

The courses listed below are nursing prerequisites and must be completed before beginning upper division nursing courses in fall 2010.

MATH 110 College Algebra with Review **or** MATH 113 College Algebra; CHEM 105/106 Introductory Chemistry **or** CHEM 107/108 Chemistry for Life Sciences/Laboratory; BIOL 257/258 Anatomy & Physiology/Laboratory; BIOL 371/372 General Microbiology/Laboratory; SOC 100 Introduction to Sociology; PSYCH 155 General Psychology; FCS 203 Nutrition and Health **or** FCS 301 Nutrition; PSYCH 263 Developmental Psych **or** FCS 285 Lifespan Human Development

6. List the courses you are taking in fall 2009. Where are you planning to take these courses?

7. What courses are you planning to enroll in spring 2010? Where are you planning to take these courses?

8. What courses are you planning to enroll in the summer 2010? Where are you planning to take these courses?

10. I do ____ do not ____ have a criminal history or any criminal action pending against me (includes misdemeanors, felonies, and arrests for which action is still pending).

Describe all criminal history: _____

*If you have a criminal history or an action pending contact the Chair of the Department of Nursing **as soon as possible.** Contact Dr. Mary Carol G. Pomatto at 620-235-4431*

11. Place of Birth _____ City _____ State _____ Country _____

12. List all states or countries in which you have lived:

State/Country: _____ From: _____ To: _____
State/Country: _____ From: _____ To: _____
State/Country: _____ From: _____ To: _____
State/Country: _____ From: _____ To: _____

Signature of Applicant: _____ Date: _____

Return this application to the Pittsburg State University, Department of Nursing, 1701 S. Broadway, Pittsburg, KS 66762.

Do you have any questions or comments? _____

Program Guide

Requirements for the Bachelor of Science in Nursing Degree

Name _____ Date _____

Major _____ Minor (if required) _____

Year of Relevant Catalog _____

	Fall	Spring	Summer	Grade	Points	Comments
Basic Skills - 12 Hours						
ENGL 101 English Composition (3)						
ENGL 299 Intro to Research Writing (3) (or)						
ENGL 190 Honors English Composition (3)						
COMM 207 Speech Communications (3)						
<i># Mathematics (Select One)</i>						
MATH 110 College Algebra with Review (3)						
MATH 113 College Algebra (3)						
General Education Electives - 37-41						
<i>Sciences - 9</i>						
BIOL 111 and 112 General Biology and Laboratory (5)						
<i># CHEM 105 and 106 Introductory Chemistry and Laboratory (4)</i>						
<i># CHEM 107 and 108 Chemistry for Life Sciences and Laboratory (4)</i>						
<i>Social Studies (Select One) - 3</i>						
<i># SOC 100 Introduction to Sociology</i>						
<i>Political Studies (Select One) - 3</i>						
POLS 101 U.S. Politics (3)						
POLS 324 Introduction to Comparative Politics (3)						
<i>Producing and Consuming (Select one from two of the following three categories) - 5-6</i>						
<i>Economy</i>						
ECON 191 Issues in Today's Economy (3)						
FCS 230 Consumer Education (3)						
<i>Technology</i>						
GT 190 Introduction to Technological Systems (2)						
GT 350 Technology and Civilization (3)						
TM 350 Societal Influence of Technology (3)						
TE 551 Technological Literacy for Educators (3)						
<i>Business</i>						
ACCTG 201 Financial Accounting (3)						
MGMKT 101 Introduction to Business (3)						
CSIS 130 Computer Information Systems (3)						
<i>Fine Arts and Aesthetic Studies (Select one) - 2-3</i>						
ART 155 Printmaking (3)						
ART 178 Introduction to the Visual Arts (3)						
ART 188 The Designed World (3)						
ART 217 Crafts I (3)						
ART 222 Jewelry Design I (3)						
ART 233 Drawing I (3)						
ART 244 Ceramics I (3)						
ART 266 Sculpture I (3)						
ART 277 Painting I (3)						
ART 288 Western Art History I (3)						
ART 289 Western Art History II (3)						
ART 311 Art Education (3)						
COMM 105 Performance Appreciation (3)						
COMM 205 Performance Studies (3)						
COMM 295 Theatre History (3)						
ENGL 250 Introduction to Creative Writing (3)						
HHP 151 Dance Appreciation (3)						
MUSIC 120 Music Appreciation (Classical, Jazz, or World Music) (3)						
MUSIC 121 Introduction to Music Literature (2)						
MUSIC 321 History of Music (3)						
<i>Cultural Studies (Select one) - 3-5</i>						
GEOG 106 World Regional Geography (3)						
GEOG 300 Elements of Geography (3)						
GEOG 304 Human Geography (3)						
WOMEN 399 Issues in Women's Studies (3)						
MLL 124 French Language and Culture I (5)						
MLL 134 German Language and Culture I (5)						
MLL 144 Portuguese Language and Culture I (5)						
MLL 154 Spanish Language and Culture I (5)						
MLL 184 Russian Language and Culture I (5)						
MLL 194 Korean Language and Culture I (5)						

	Fall	Spring	Summer	Grade	Points	Comments
<i>Health and Well Being -6</i>						
# PSYCH 155 General Psychology (3)						
# FCS 203 Nutrition and Health (3) (or)						
# FCS 301 Nutrition (3)						
<i>Human Heritage (Select one from two of the following three categories)(6)</i>						
<i>History</i>						
HIST 101 World History to 1500 (3)						
HIST 102 World History from 1500 (3)						
HIST 201 American History to 1865 (3)						
HIST 202 American History from 1865 (3)						
<i>Literature</i>						
ENGL 113 General Literature (3)						
ENGL 114 General Literature (Genre) (3)						
ENGL 116 General Literature (Theme) (3)						
ENGL 120 Literature and Film (3)						
ENGL 315 Mythology (3)						
<i>Philosophy</i>						
PHIL 103 Introduction to Philosophy (3)						
PHIL 105 Ethics (3)						
PHIL 111 Ethics (Applied Emphasis) (3)						
PHIL 208 Logic and Critical Thinking (3)						
PHIL 231 World Religions (3)						
TOTAL - 49-53 Hours						
<i>Nursing Prerequisites - 13</i>						
# BIOL 257/258 Anatomy & Physiology Laboratory (5)						
# BIOL 371/372 General Microbiology/Laboratory (5)						
# PSYCH 263 Developmental Psychology (or)						
# FCS 285 Lifespan Human Development (3)						
<i>Professional Nursing Degree Requirements – 63-71</i>						
NURS 265 Health Promotion and Disease Prevention (2)						
NURS 300 Foundations of Nursing Practice (5)						
NURS 301 Orientation to Nursing (or)						
NURS 304 Transition into Baccalaureate Nursing Practice (1)						
NURS 302 Techniques for Nursing (2)						
NURS 320 Health Assessment (3)						
NURS 390 Pathophysiologic Bases in Nursing (3)						
NURS 405 Health Alterations in Older Adults (3)						
NURS 410 Nursing the Adult Medical Surgical Client (7)						
NURS 440 Pharmacology in Nursing (2)						
NURS 452 Nursing the Childbearing Family (3)						
NURS 457 Nursing the Child and the Childbearing Family Practicum (3)						
NURS 462 Nursing the Child and Family (3)						
NURS 470 Nursing the Psychiatric/Mental Health Client (5)						
NURS 482 Research in Nursing (3)						
NURS 502 Community Nursing (4)						
NURS 521 Leadership and Management Function (3)						
NURS 525 Advanced Medical Surgical Nursing of the Adult Client (6)						
NURS 599 Internship in Nursing Practice (3)						
Upper Division Nursing Elective (2-10)						
TOTAL – 125-137 Hours						
# These courses are nursing pre-requisites and must be completed prior to enrollment in upper division nursing courses.						

Comments: _____

NOTE: When a student attains 85 semester hours of credit (including current enrollment) the student must apply for a degree check in the Office of the Registrar (Degree Checking Section), Room 102, Russ Hall.

MINIMUM GENERAL REQUIREMENTS: The minimum requirements for graduation include 124 semester hours of which 60 hours must be from a four-year university. In addition, 45 semester hours must be upper division and 30 hours in residence at Pittsburg State University. Requirements for all Baccalaureate Degrees are listed on page 45 of the 2009-2011 University Catalog. General Education requirements are listed on page 48. General Education requirements for students planning to teach are listed on page 49-50.

Dr. Mary Carol Pomatto, Chair
Department of Nursing
620-235-4431

Dr. Stephen Meats, Interim Dean
College of Arts & Sciences
620-235-4684

Ms. Debbie Greve
Registrar
620-235-4200

**Pittsburg State University
Department of Nursing**

TO (Reference Name): _____

APPLICANT NAME: _____

- I waive my right to access this letter of recommendation
- I do not waive my right to access this letter of recommendation

Signature of applicant: _____

The above named applicant has applied for admission to the upper division major in nursing at Pittsburg State University, and has given your name as a reference.

Please rate the applicant on the following	Above Average	Average	Below Average	No Information
Initiative				
Communication Skills				
Dependability				
Perseverance				
Ability to work with others				
Adaptability				
Appearance				
Sociability				
Motivation/Self Confidence				
Positive Attitude				
Honesty/Integrity				
Judgment/Decision Making Ability				
Intellectual Curiosity				
Scholarly Ability				

Are goals realistic in relation to ability? _____

In what capacity have you known the applicant? _____

Comments: _____

Name: _____ Title: _____ Employer: _____

(Please Print)

Address: _____ Phone: _____

Signature: _____ Date: _____

**Pittsburg State University
Department of Nursing**

TO (Reference Name): _____

APPLICANT NAME: _____

- I waive my right to access this letter of recommendation
- I do not waive my right to access this letter of recommendation

Signature of applicant: _____

The above named applicant has applied for admission to the upper division major in nursing at Pittsburg State University, and has given your name as a reference.

Please rate the applicant on the following	Above Average	Average	Below Average	No Information
Initiative				
Communication Skills				
Dependability				
Perseverance				
Ability to work with others				
Adaptability				
Appearance				
Sociability				
Motivation/Self Confidence				
Positive Attitude				
Honesty/Integrity				
Judgment/Decision Making Ability				
Intellectual Curiosity				
Scholarly Ability				

Are goals realistic in relation to ability? _____

In what capacity have you known the applicant? _____

Comments: _____

Name: _____ Title: _____ Employer: _____

(Please Print)

Address: _____ Phone: _____

Signature: _____ Date: _____

**Pittsburg State University
Department of Nursing**

TO (Reference Name): _____

APPLICANT NAME: _____

- I waive my right to access this letter of recommendation
- I do not waive my right to access this letter of recommendation

Signature of applicant: _____

The above named applicant has applied for admission to the upper division major in nursing at Pittsburg State University, and has given your name as a reference.

Please rate the applicant on the following	Above Average	Average	Below Average	No Information
Initiative				
Communication Skills				
Dependability				
Perseverance				
Ability to work with others				
Adaptability				
Appearance				
Sociability				
Motivation/Self Confidence				
Positive Attitude				
Honesty/Integrity				
Judgment/Decision Making Ability				
Intellectual Curiosity				
Scholarly Ability				

Are goals realistic in relation to ability? _____

In what capacity have you known the applicant? _____

Comments: _____

Name: _____ Title: _____ Employer: _____

(Please Print)

Address: _____ Phone: _____

Signature: _____ Date: _____

CONSENT TO RELEASE OF CRIMINAL HISTORY INFORMATION

I acknowledge that my acceptance into the Department of Nursing at Pittsburg State University is dependent upon meeting all of the requirements of the Department. One of those requirements is to be free of any criminal history that would indicate a potential for violence against another person or substance abuse. I release University officials from any potential claim or liability related to the appropriate use of this information.

This consent and release is effective as of the date signed and it will remain effective until further notice. The University is not required to notify me when the request will be submitted to any law enforcement unit and is not limited to the number of such requests.

By my signature below I acknowledge and agree that I consent to the access and release of any records maintained by any local, county, state or national law enforcement unit, including, but not limited to the Kansas Bureau of Investigation and the Social and Rehabilitation Services Child Abuse and Neglect Central Registry. I also agree to incur the cost of the investigation.

(Name)

(Date)

(Other name used, if any)

(Parent or Guardian, if a Minor)

(Date)



CertifiedBackground.com

-----Student Instructions-----

Background Check Require

Pittsburg State University, Department of Nursing

The above organization requires that each student purchase a background check through CertifiedBackground.com.

About CertifiedBackground.com

CertifiedBackground.com is a background check service that allows students to purchase their own background check. The results of a background are posted to the Certified Background.com web site in a secure, tamper-proof environment, where the student, as well as organizations can view the background check.

To order your background check from CertifiedBackground.com, please follow the instructions below.

Instructions

1. Go to www.Certifiedbackground.com and click on "Students."
2. In the Package Code box, enter package code: **SEE NOTES BELOW**
3. Select a method of payment. We accept Visa, MasterCard and money orders.

Once your order is submitted, you will receive a password via email to view the results of your background check. The results will be available in approximately 48-72 hours.

Notes

Package Descriptions

IS30

Package Price \$50.00 - There are no additional charges to this package. PLEASE NOTE: If you are a resident of one of the following states (NY, AR, FL, ME, NO, SC, then select one of the other two package codes listed below.

IS30NY

Package Price \$100.00 - There are no additional charges to this package. NOTE: This package is for New York residents ONLY.

IS30ST

Package Price \$60.00 - There are no additional charges to this package. NOTE: This package is for residents of the following states ONLY (AR, FL, ME, NO, SC).

Kansas Department of Social and Rehabilitation Services Child Abuse and Neglect Central Registry PO Box 2637 Topeka, Kansas 66601	Child Abuse and Neglect Central Registry Release of Information
--	---

I, _____, give permission for the release of any information
 (Please print complete first, middle and last name)
 concerning myself in the Child Abuse and Neglect Central Registry to:

Contact Person: Mary Carol Pomatto, EdD, ARNP-CNS

Agency Name: Pittsburg State University/Dept. of Nursing

Mailing address: 1701 S. Broadway
Pittsburg, KS. 66762

Phone Number: (620) 235-4431

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.

★★
Please complete the information below by printing in ink.
★★

Please print legibly. Do not leave any space blank. All requested information is required to process this request. Incomplete information will result in the release not being processed and will be returned as insufficient.

First, Middle and Last Name: _____

Maiden Name: (Female applicant only) _____

Married Names, Nicknames or Other Names Used:
 (Use N/A if no other names used.) _____

Date of Birth: _____ Race: _____

Social Security #: _____ Gender: Male Female

Signature: _____ Date: _____

Current Address: _____

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. All releases and fees should be sent via postal mail to the attention of SRS, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS. 66601. The following state agencies are exempt from the \$10.00 fee: JJA, KNI, Dept. of Education-Central Office, KDHE, State Hospitals, State Correctional Institutions, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states.

For Central Registry Use Only

____ FEE ATTACHED

Kansas Bureau of Investigation - Manual Record Check Request

This page is used to provide identifying information for one person to be checked. The **Full Name** and **Date of Birth** are mandatory fields; the record check cannot be done without at least those two fields. Please include as much additional information as possible to ensure the best search is conducted. Note that each search permits the addition of one alias or maiden name. If the subject of the search has been known by three or more names, then submit a second record check form for the third name. Searching the first two names will be done in the first record check. The third name searched constitutes a new, billable record check.

Attach additional copies of this page as needed for more searches.

This is not the proper form to use for CERTIFIED record checks. If you require CERTIFIED record checks, print the *Request for Certified Record Check* form found on the KBI Public Access web site:

Requested by: Mary Carol Pomatto, EdD, ARNP-CNS
(Your printed name in case this page is separated from the first page)

Date of Request: _____

Identification of the Individual to be searched:

A fingerprint card [is] [is not] included.

Full Name: _____
Last Name First Name Middle Name (Jr., Sr., III...)

Alias/Maiden Name: _____
Last Name First Name Middle Name (Jr., Sr., III...)

Date of Birth: _____ Social Security Number: _____ - _____ - _____
MM/DD/YYYY

Sex: _____ Race: _____ Place of Birth: _____
(City, State or Foreign Country)

Height: _____ Weight: _____ Occupation: _____

Residence: _____

For KBI Use

Name searches @ \$20.00 per search (2 names).

Billed Account

Kansas Bureau of Investigation
Attention: Criminal History Records Section
1620 SW Tyler
Topeka, KS 66612-1837