

Dear Applicant:

Thank you for your interest in the Department of Nursing at Pittsburg State University. Graduate study is important in preparing nurses for the advanced practice of nursing. Our department offers a focus on Family Health Nursing/Family Nurse Practitioner.

The mission of the graduate program is to educate advance practice nurses who are prepared to provide health care to families in our rural environment. Graduates will be prepared to take national certification exams in their specialties upon completion of the program, if they choose. We are proud of the quality of our nursing programs. The Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036-1120, acknowledged that the graduate program meets national standards in 2009 by granting reaccreditation through 2020.

All current and prospective MSN applicants will be considered for admission based on both admission requirements and resource availability. Application deadline for first consideration for admission to the nursing program is March 15th for fall enrollment in. Applications that are incomplete after one year are considered no longer active and are destroyed.

If I can be of further assistance, please do not hesitate to contact me at 620-235-4431.

Sincerely,

A handwritten signature in cursive script that reads "Mary Carol Pomatto". The signature is written in black ink and is positioned above the typed name.

Mary Carol G. Pomatto, EdD, APRN  
University Professor and Chair

**Admission Requirements: (Failure to submit all items will result in an incomplete application that will not be reviewed)**

- Pittsburg State University Graduate School Application (\$35.00 application cost). You may access the application online at <http://www.pittstate.edu/office/graduate/>
- Pittsburg State University Department of Nursing MSN-Family Nurse Practitioner Application Graduate Program Application (\$50.00 application cost payable to Nursing Department).
- \$20.00 Pre-Testing cost (payable to Nursing Department) **paid on the day of Standardized Testing.**
- Confirmation of an undergraduate GPA of at least 3.0 (based on a 4.0 scale). Admission may be granted to applicants with an undergraduate GPA of 2.7 to 2.999 on a space available basis.
- Three confidential reference form from:
  1. Immediate Supervisor
  2. Faculty professor from BSN program
  3. Professional reference able to assess your professional characteristics as listed below

Please do not ask for references from a family friend, fellow staff nurse, co-worker or minister  
Please supply the reviewer with a stamped envelope pre-addressed to the Pittsburg State University  
Department of Nursing, 1701 S. Broadway, Pittsburg, KS. 66762.

- A graduate of a nationally accredited baccalaureate nursing program.
- Resume including documentation of all work experience as a registered nurse.
- Documentation of current nursing practice—a letter from your employer.
- Evidence of completion of prerequisite courses (undergraduate research, physical assessment content, and a graduate level course in statistics). If the student did not take a specific course entitled research or assessment, the student must provide evidence that the content was included in their undergraduate program. Students may be allowed to take graduate level statistics concurrently with enrollment in their first semester in the MSN program.
- 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). **Each area must meet the minimum requirement.** Minimum scores for the TOEFL iBT are as follows: Writing-20; Speaking-20; Reading-19; Listening-20, for a total of 79.
- Evidence of **current Kansas RN license.**
- Evidence of current BLS (Basic Life Support) certification.
- **Unconditional** Admission to the Pittsburg State University Graduate School for graduate study.
- A proctored writing sample on past experiences in nursing which are to include purpose for undertaking or continuing graduate study, reasons for wanting to study at Pittsburg State University, and professional plans and career goals. See testing/writing dates below to schedule an appointment.
- A personal interview may be required.
- Self-report of arrests, convictions, diversions, or disciplinary action against licenses, certifications, and/or registrations are required. Applicants with a criminal history (includes diversions, misdemeanors, felonies) as well as arrests for which action is still pending will be evaluated on an individual basis, with no guarantee of admission.
  - **Disciplinary Action:**  
*The Pittsburg State University nursing program requires applicants and admitted clinical nursing students to: Notify the Department of Nursing in writing of any disciplinary action against all licenses, certifications and/or registrations as well as disciplinary action by a state board of governmental agency. (Some examples are): Driver's License; Fishing License; Hunting License; Day Care License; Nursing Home Administrator License; Nursing License in Kansas or another state; CNA/CMA/HHA certification; School Teacher certification; Dishonorable discharge and/or other than honorable discharge from any branch of the military, disciplinary sanction from any branch of the military. See MSN Program Guide for full disclosure.*
- Applicants are required to purchase a background check through CertifiedBackground.com. This is a National Background Check in your current state of residence. Also required is a signed consent for background check form for the nursing department, SRS Child Abuse check form, and if you are NOT a resident of Kansas you are required to complete a KBI background check form. The application packet specifies fee amounts to be remitted.

**PLEASE CALL 620-235-4431 TO SCHEDULE A TESTING/WRITING APPOINTMENT**  
**TESTING/WRITING DATES**

February 8, 2012 Wednesday	9:00 AM to Noon
February 17, 2012 Friday	1:00 PM to 4:00 PM
February 21, 2012 Tuesday	2:00 PM to 5:00 PM

**Students must be fully admitted to the MSN Program before taking nursing courses.**  
**MANDATORY MSN Meeting: Tues Aug 21, 2012 2:00-5:00 pm Room 131 PSU Nursing Dept.**

PITTSBURG STATE UNIVERSITY  
DEPARTMENT OF NURSING  
**GRADUATE ADMISSION REQUIREMENTS**

Persons wishing to pursue a graduate degree in the Department of Nursing are required to be admitted to graduate study in the PSU Department of Nursing **and** PSU Graduate School.  
Admission requirements must be completed prior to enrollment.

**Checklist for Student Application**

*Step 1.* \_\_\_ The Graduate School Application for Admission (Pittsburg State) must be completed and submitted along with all official transcripts of college work to the Continuing and Graduate Studies Office, 112 Russ Hall. (\$35)

*Step 2.* \_\_\_ The Pittsburg State University Department of MSN-Family Nurse Practitioner Application Nursing Graduate Program application must be completed and submitted to the Department of Nursing along with all official transcripts of college work and all required fees and/or costs. (\$50)

*Step 3.* \_\_\_ Please complete and sign before providing the confidential reference form to your reviewer who must be:

4. Immediate Supervisor
5. Faculty professor from BSN program
6. Professional reference able to assess your professional characteristics as listed below

Please do not ask for references from a family friend, fellow staff nurse, co-worker or minister  
Please supply the reviewer with a stamped envelope pre-addressed to the Pittsburg State University  
Department of Nursing, 1701 S. Broadway, Pittsburg, KS. 66762.

*Step 4.* \_\_\_ Resume including documentation of all work experience as a registered nurse.

*Step 5.* \_\_\_ A letter must be submitted to the Department of Nursing from your employer validating your current nursing practice. This letter should be sent to: Pittsburg State University, Department of Nursing, 1701 S. Broadway, Pittsburg, KS. 66762

*Step 6.* \_\_\_ Evidence of completion of prerequisite courses (undergraduate research, physical assessment content, and a graduate level course in statistics). Students may be allowed to take graduate level statistics concurrently with enrollment in their first semester in the MSN program.

*Step 7.* \_\_\_ 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.**

*Step 8.* \_\_\_ Evidence of current RN Licensure in the State of Kansas and RN license in state of current nursing practice.

*Step 9.* \_\_\_ Evidence of current BLS certification.

*Step 10.* \_\_\_ Applicants are required to purchase a background check through CertifiedBackground.com. This is an online National Background Check in your current state of residence. Read thoroughly and follow the directions on the CertifiedBackground.com student instruction form in your admission packet.

*If you are a NON-RESIDENT of Kansas you are required to have a Kansas Bureau of Investigation Background Check. Complete the KBI manual records check form and return with your application and a check payable to the Department of Nursing 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.*

*Step 11.* \_\_\_ The completed and signed form for Release of Information for Child Abuse and Neglect Central Registry must be returned along with a check in the amount of \$10.00 made payable to SRS Central Registry. **RETURN THIS FORM TO NURSING.**

*Step 12.* \_\_\_ Call 620-235-4431 to schedule your Testing/Writing appointment. (\$20 due on the day of testing, payable to PSU Department of Nursing.)

*Step 13.* \_\_\_ A personal interview may be required.

### **Steps to be Followed After Acceptance**

**Save the Date: MANDATORY MSN Meeting- Tuesday August 21, 2012 from 2-5 pm Room 131 PSU Nursing Department.**  
**Failure to attend this meeting may result in forfeiture of your seat in the program.**

- Step 1.* The applicant will receive a letter of admission and be assigned an advisor.
- Step 2.* The applicant is responsible for contacting the advisor for advisement and enrollment. **The applicant must plan a program of study in consultation with the advisor prior to enrollment in the first semester as a graduate student.**
- Candidacy must be completed after the student has completed 9 to 12 hours of graduate course work and has been fully admitted.
- Step 3.* Students admitted without graduate statistics must complete it in the first semester in order to progress in the program.
- Step 4.* Materials Cost - \$50.00 **per semester** equipment/technology cost per student will be collected at the beginning of each semester.
- Step 5.* Students are required to pay for and take a standardized post-test prior to graduation from the program.
- Step 6.* Upon admission students are required to:
- Purchase a Student Photo ID Badge.
  - Pay for a student liability insurance policy.
  - Provide documentation of current immunizations.



## MSN-Family Nurse Practitioner Application Admission Fall 2012 Deadline 03/15/12

Name: \_\_\_\_\_  
Last Name First Name Middle Initial Maiden Name

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Street Name/Number City St. Zip Code

Email Address: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Employer and Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Kansas RN License # \_\_\_\_\_ State(s) Licensed In \_\_\_\_\_

In case of emergency, contact: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

*Education: List all academic and professional education beyond high school. Start with most recent. Attach sheet if needed.*

Name and location of Institution	Major	Attended from/to	Degree	Year

*Work Experience: Begin with most recent.*

Name and location of institution	Position	Dates From	To

If you mark "I do" have a criminal history you are required to contact the Department Chair, Dr. Mary Carol Pomatto at [mpomatto@pittstate.edu](mailto:mpomatto@pittstate.edu) or by phone at 620-235-4431. **Failure to do so may result in a denial of your application.**

I do \_\_\_\_\_ do not \_\_\_\_\_ have a criminal history (**includes misdemeanors, felonies, and arrests for which action is still pending**).

Describe all criminal history: \_\_\_\_\_

Has **any** license, certification or registration (nursing or other) ever been denied, revoked, suspended, limited or disciplinary action taken by a licensing authority of any state, agency of the US government, territory of the US or country? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

**NOTE: 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 as part of the application process.**

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

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: _____

I plan to begin as a       full-time       part-time student

I am or have been a member of Sigma Theta Tau International Honor Society of Nursing \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return to:**

**Pittsburg State University  
Department of Nursing/McPherson Hall  
1701 S. Broadway  
Pittsburg, KS 66762**

**With copies of: KS NURSING LICENSE and BLS Certification.**

The MSN Program guide can be found at: <http://www.pittstate.edu/dotAsset/248242.pdf>

The MSN Student Handbook can be found at: <http://www.pittstate.edu/dotAsset/358202.pdf>



# 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 CertifiedBackground.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](http://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.

## 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, ND, 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, ND, SC).

Kansas Department of Social and Rehabilitation Services Child Abuse and Neglect Central Registry 915 SW Harrison 5 <sup>th</sup> Fl. South Topeka, Kansas 66612	Child Abuse and Neglect Registry <b>Release of Information</b>
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I, \_\_\_\_\_, give permission for the release of any information concerning  
(please print complete first, middle and last name)  
myself in the Child Abuse and Neglect Central Registry to:

Contact Person: Mary Carol G. Pomatto

Agency Name: Pittsburg State University, Nursing Dept.

Mailing Address: 1701 South Broadway

Pittsburg, Kansas 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.

I give permission for the release of any information concerning myself in the Child Abuse and Neglect Central Registry each year while I am employed or associated with the above agency.  Yes  No

**\*\*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 (Central Office or Facilities), 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. Mentor record checks, i.e. Big Brothers Big Sisters, are exempt from the \$10.00 fee. For a complete list of Mentor Programs, go to:  
<http://kansasmentors.kansas.gov/Pages/FindaProgram.aspx>.

If this is a mentor record check, please make sure the box below is checked.

**Mentor Program:**  **If yes, please check**

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**For Central Registry Use Only**

\_\_\_\_\_ **FEE ATTACHED**

# Kansas Bureau of Investigation - Manual Record Check Request

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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:** Dr. Mary Carol G. Pomatto  
(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**

# 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. 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 Certified Background.com, 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)

**To the applicant:**

Please complete and sign before providing this confidential reference form to your reviewer who must be:

7. Immediate Supervisor
8. Faculty professor from BSN program
9. Professional reference able to assess your professional characteristics as listed below

Please do not ask for references from a family friend, fellow staff nurse, co-worker or minister  
Please supply the reviewer with a stamped envelope pre-addressed to the Pittsburg State University  
Department of Nursing, 1701 S. Broadway, Pittsburg, KS. 66762.

Applicant's Name: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

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**To the reviewer:** The person listed above is applying for admission to the Pittsburg State University Department of Nursing MSN-Family Nurse Practitioner Program. Applicants to this program are required to submit reference forms. You are asked to make a frank appraisal of the applicant which will be held in confidence. Please return this completed confidential reference form, in the envelope supplied by the applicant addressed to Pittsburg State University, Department of Nursing, 1701 South Broadway, Pittsburg, Kansas 66762. Please seal and sign with your signature over the envelope seal. Thank you!

Please complete the following: Based on your experience relative to persons of similar background, how would you rate the applicant's following? Place an "X" under the column which best describes the applicant. If you cannot assess a particular characteristic, mark "no basis for judgment" as it will not count in the MSN Admissions Committee's assessment of the applicant. If you are unable to assess in more than half of the categories, please contact the applicant so they can request a recommendation from someone else that is better able to assess their professional characteristics.

Characteristics	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgment
Ability to analyze and solve problems effectively					
Ability to exchange and share ideas					
Ability to express thoughts in speech					
Ability to express thoughts in writing					
Ability to plan and conduct research					

Characteristics	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No Basis for Judgment
Ability to work as a team member					
Ability to work independently					
Ability/potential for graduate study					
Attendance/ Punctuality					
Integrity					
Leadership potential					
Motivation and perseverance toward goals					
Nursing Knowledge					
Professionalism					

**Comments:** Provide examples whenever possible to support your assessment. You may provide a separate sheet, in addition to this form, in order to provide additional detail in addressing the following questions or any other attributes and abilities that warrant mention.

1. If you selected "Upper 10%" or "Lower 50%" for any of the characteristics, please provide justification for your ratings.

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2. Does the applicant possess any special attributes that should be noted?

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3. Does the applicant demonstrate any limitations you feel would hinder his/her ability to perform effectively in a professional program?

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**Reviewer Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_