Dear BSN to DNP Applicant:

Thank you for your interest in applying for admission to the newly approved DNP Program offered by the Irene Ransom Bradley of Nursing at Pittsburg State University. We are very excited to have the opportunity to serve the region and beyond through provision of this important educational program. The BSN to DNP program educates advanced practice nurses who are prepared to provide health care to individuals, families, groups, communities and populations in a diverse, primarily rural environment. The program is designed to offer additional, optional preparation in nursing education as well.

We are proud of the quality of our nursing programs. The baccalaureate degree in nursing and master’s degree in nursing at Pittsburg State University are accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791, (http://www.aacn.nche.edu/ccne-accreditation). The DNP Program has filed intent to accredit with the Commission on Collegiate Nursing Education. A team of evaluators will be on campus during October 2016. Please note that there is no guarantee of accreditation resulting from this evaluation. The baccalaureate, master’s and DNP programs are approved by the Kansas State Board of Nursing, Landon State Office Building, 900 SW Jackson, Rm. 1051, Topeka, Kansas 66612, 785-296-4929, www.ksbn.org.

Doctor of Nursing Practice applicants will be considered for admission based on both admission requirements and resource availability. October 10, 2016 is the application deadline for first consideration for admission to the DNP program beginning Summer Session 2017. Applications will be accepted in the office until 4:30 p.m. or postmarked by 11:59 p.m. on Monday, October 10, 2016. Applications that meet all requirements will be reviewed and ranked based on GPA, critical thinking test results, references and a writing sample. If you are considering submitting a late application for possible consideration should additional seats become available, please contact the school prior to submitting the application. Personal interview results will be considered when applicable. Please consult with faculty advisors as you develop your application.

If I can be of further assistance, please do not hesitate to contact me at 620-235-4431. We wish you well with your future academic and professional nursing goals.

Sincerely,

Cheryl Giefer, PhD, APRN
University Professor
Associate Director
Irene Ransom Bradley School of Nursing

07/09/2016
Admission Requirements for the School of Nursing, Doctor of Nursing Practice Program (BSN to DNP):
(Failure to submit all items will result in an incomplete application that will not be reviewed)

1. Pittsburg State University Graduate School Application with application fee which may be accessed online at [http://www.pittstate.edu/office/graduate/](http://www.pittstate.edu/office/graduate/)

2. BSN to DNP Program Application ($60.00 application cost payable to Irene Ransom Bradley School of Nursing) with all application requirements completed.

3. Completion of standardized pre-testing and a proctored writing sample, including: past experiences in nursing; purpose(s) for engaging in DNP study; reasons for wanting to enter the DNP program at Pittsburg State University; and, professional plans and future career goals. Proctored writing/standardized testing dates and instructions for scheduling appear at the end of this list of admission requirements.

4. $30.00 Pre-Testing cost (payable to Pittsburg State University) paid on the day of standardized testing.

5. Confirmation of an undergraduate GPA of at least a 3.0 (based on a 4.0 scale). Preference is given to those with 3.0 or above cumulative GPA in undergraduate coursework. Admission may be granted to applicants with an undergraduate GPA of 2.7 to 2.999 on a space available basis. Undergraduate GPA is one of the criterions for ranking applicants.

6. Three confidential letters of reference must be submitted to the School of Nursing from applicants. One reference from immediate nursing employment supervisor(s), one reference from the applicants BSN program faculty, and one other professional reference. Students are encouraged to call the School of Nursing prior to application due dates to verify that references have been received.

7. Documentation of graduation from a nursing program at the undergraduate level that is nationally accredited by the National League for Nursing and/or Commission on Collegiate Nursing Education.

8. Provision of a detailed resume including all professional work experience(s) as a registered nurse.

9. Documentation of the comprehensive nature of current work experience as a registered nurse, through a letter signed by current employer on official letterhead.

10. Evidence of completion of prerequisite courses (undergraduate research, physical health assessment content, and a graduate level course in statistics). If the applicant did not take a specific course entitled research or physical health assessment, the applicant must provide evidence that the content was included in their undergraduate program, if in question please verify prior to applying.

11. An applicant who is born outside of the U.S. 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 (Writing, Speaking, Reading and Listening) as well as the total score for all areas must be met. Minimum scores for the TOEFL iBT are as follows: Writing-20; Speaking-20; Reading-19; Listening-20; for a total of 79.

12. A personal interview may be required.

13. Proof of a current Kansas licensure as Registered Nurse is required by May 1, 2017. Please Note: All students must be licensed in States where clinical practicum occurs.

15. Self-report of arrests, convictions or diversions are required. Applicants with a criminal history including past and/or current diversions, misdemeanors, felonies and/or arrests or those for which action is pending will be evaluated on an individual basis with no guarantee of admission. (Those with applications on file or admitted DNP students are required to self-report in writing and within 24 hours any new arrest, conviction or diversion as a condition of progression in the nursing program. Admitted students may be suspended until the action is fully investigated. Progression will be evaluated on an individual basis and continued participation in the program is not guaranteed.) Failure to notify as an applicant or admitted DNP student results in not being admitted, being suspended until legal issue is resolved or dismissal from the program.

16. The Irene Ransom Bradley School of Nursing requires applicants to report on application past and/or current disciplinary action against all licenses, certifications and/or registrations as well as disciplinary action by a state board of/or a 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, or disciplinary sanction from any branch of the military). Those with applications on file or admitted DNP students must report actions within 24 hours. Admitted students may be suspended until the action is fully investigated. Progression will be evaluated on an individual basis and continued participation in the program is not guaranteed. Failure to notify as an applicant or admitted DNP student results in not being admitted, being suspended until legal issue is resolved or dismissal from the program. If report is necessary, please provide circumstances leading up to the disciplinary action, date of disciplinary action, actual disciplinary action that was taken and current status of the action. The applicant is required to provide certified, dated copies of disciplinary documents.

17. Applicants are required to purchase a background check through Certified Background.com. This is a National Background check in the applicant’s current state of residence.

18. Also required is a signed consent for background check form for the School of Nursing, SRS Child Abuse Check Form, and if you are NOT a resident of Kansas, a KBI Background Check Form. The application packet specifies fee amounts to be remitted.

19. Mandatory DNP Student Orientation is scheduled for Thursday, April 27, 2017, 9:00 AM to 12:00 PM.

PLEASE CALL 620-235-4431 TO SCHEDULE A STANDARDIZED TESTING/Writing APPOINTMENT.

<table>
<thead>
<tr>
<th>TESTING/WRITING DATES</th>
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<tbody>
<tr>
<td>September 27, 2016 Tuesday</td>
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<tr>
<td>October 6, 2016 Thursday</td>
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<tr>
<td>October 12, 2016 Wednesday</td>
</tr>
<tr>
<td>October 18, 2016 Tuesday</td>
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</table>

The application cycle ends October 10, 2016 with a new application cycle beginning after that time.
Persons wishing to pursue a graduate degree in the School of Nursing are required to be admitted to graduate study in the PSU School of Nursing and PSU Graduate School. Admission requirements must be completed prior to enrollment.

**Checklist for Application**

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

**Step 2**  
The BSN to DNP program application must be completed and submitted to the School of Nursing along with all official transcripts of college work (undergraduate and graduate course work) and all required fees and/or cost ($60 Nursing Application Cost).

**Step 3**  
Completion of standardized pre-testing and a proctored writing sample including: past experiences in nursing; purpose(s) for engaging in DNP study; reasons for wanting to enter the DNP program at Pittsburg State University; and, professional plans and future career goals.

**Step 4**  
Call 620-235-4431 to schedule your Testing/Writing appointment. ($30 due on the day of testing, payable to Pittsburg State University.

**Step 5**  
Confirmation of an undergraduate GPA of at least a 3.0 (based on a 4.0 scale). The GPA effective Summer 2016 will be the GPA used to confirm GPA.

**Step 6**  
Three confidential letters of reference must be submitted to the School of Nursing from applicants. One reference from immediate nursing employment supervisor(s), one reference from the applicants BSN program faculty, and one other professional reference. Students are encouraged to call the School of Nursing prior to application due dates to verify that references have been received.

**Step 7**  
Documentation of graduation from nursing program(s) at an undergraduate level that are nationally accredited by the National League for Nursing and/or Commission on Collegiate Nursing Education.

**Step 8**  
Resume including documentation of all work experience as a registered nurse.

**Step 9**  
A letter on official letterhead must be submitted to the School of Nursing from your employer validating your current registered nursing practice. This letter should be sent to: Pittsburg State University, School of Nursing, 1701 South Broadway Street, Pittsburg, KS. 66762.

**Step 10**  
Evidence of completion of prerequisite courses (undergraduate research, physical health assessment content, and a graduate level course in statistics). If undergraduate research was incorporated in another course, applicant must provide documentation of undergraduate research course content.

**Step 11**  
An applicant 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 in
addition to the total must meet the minimum requirement.

**Step 12**
A personal interview may be required.

**Step 13**
Evidence of current Registered Nurse Licensure in the State of Kansas by May 1, 2017.

**Step 14**
Evidence of current ACLS certification.

**Step 15**
Self-report of arrests, convictions or diversions are required.

**Step 16**
Irene Ransom Bradley School of Nursing requires applicants to report on application past and/or current disciplinary action against all licenses, certifications and/or registrations as well as disciplinary action by a state board of/or a governmental agency.

**Step 17**
Applicants are required to purchase a background check through Certified Background.com. This is a National Background check in the applicant’s current state of residence. Read thoroughly and follow the directions on the CertifiedBackground.com student instruction form in your admission packet.

**Step 18**
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 School 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 19**
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. Please return this form to the School of Nursing.

Admission is based on completion of all application requirements and resource availability and ranked based on GPA, Critical Thinking Results, References, and Writing Sample. Personal interview is considered in ranking when utilized. Application deadline for first consideration is October 10, 2016. Applicants will receive notification of admission status (Conditional, Alternate or Denial) by end of the first week in December. **Completed application packets received after the established due date only will be considered on a space available basis.** Exceptions and waivers are discussed in the DNP Program Guide Booklet.
Steps to be Followed After Conditional Admission

**Step 1.** If application is successful, the applicant will receive a letter of Conditional Admission and be assigned a faculty 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 and must meet in person with the advisor by the end of April. Failure to do so may result in the applicant forfeiting their seat.

- Candidacy must be completed after the student has completed 9 to 12 hours of graduate course work and has been fully admitted.

**Step 3.** Materials Cost - $60.00 per semester equipment/technology cost per student will be collected at the beginning of each semester.

**Step 4.** Students are required to pay for and take a standardized post-test prior to graduation from the program.

**Step 5.** Upon admission students are required to:

- Purchase a Student Photo ID Badge. ($10.00)
- Pay for a student liability insurance policy. ($15.00)
- Provide documentation of current immunizations.
- Provide documentation of current Kansas RN License by May 1 prior to program entry.

**Step 6** Students must adhere to all policies of the PSU DNP Student Handbook.

- DNP Students are required to wear scrubs or if scrubs are not worn: khaki, brown, navy or black slacks/pants or knee length skirts. No denim is allowed (including colored denim). Examples of clothing items which are not allowed include: crop pants, Capri pants, skinny pants, jaggings, leggings, and above-knee skirts. A red, collared polo shirt with the PSU logo is the appropriate shirt for the clinical setting. Any request for deviating from the dress code must have a written request and be approved by the School of Nursing Graduate Committee.

- Hair is to be well groomed, clean in appearance, and worn back away from the face at all times while working with clients and fastened to prevent hair from falling forward. A pony tail may not be adequate to prevent hair from falling forward. Extreme hairstyles will not be permitted in clinical settings. Examples of extreme hairstyles may include, but are not limited to, Mohawk, reverse Mohawk, and atypical hair color. Only functional hair bows, bands, or clips will be permitted in the clinical setting.

- Clinical instructors reserve the right to consider a dress code violation as unsatisfactory performance and hours for that clinical day will not count toward total clinical hours.

**Step 7.** All admission and program requirements must be met in full prior to start of the DNP program.
BSN to DNP Application
Admission: Summer 2017, Deadline 10/10/2016 (by 4:30 pm in the office or postmarked by 11:59 pm).

Name:
Last Name
First Name
Middle Name
Maiden Name
Address:
Street Name/Number
City
St.
Zip Code
Phone (___)__________
Email Address: ____________________________
Cell Phone (___)__________
Employer and Address: ____________________________
Phone (___)__________
Kansas RN License #_________________________
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.

<table>
<thead>
<tr>
<th>Name and location of Institution</th>
<th>Major</th>
<th>Attended from/to</th>
<th>Degree</th>
<th>Year</th>
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Work Experience: Begin with most recent.

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<th>Name and location of institution</th>
<th>Position</th>
<th>Dates From</th>
<th>To</th>
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If you mark “I do” have a criminal history you are required to contact the School of Nursing Associate Director, Dr. Cheryl Giefer at cgiefer@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 past and/or current misdemeanors, diversions, felonies, and/or arrests for which action is still pending). Describe all criminal history: ________________________________________
______________________________________________________________
______________________________________________________________

More on Back
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.

10. Place of Birth: City __________________ State __________ Country_____________________

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

<table>
<thead>
<tr>
<th>State/Country:</th>
<th>From:</th>
<th>To:</th>
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</table>

According to the DNP Program Guides, I am applying as a:

- [ ] Full-time BSN-DNP
- [ ] Full-time BSN-DNP with Education Emphasis
- [ ] Part-time student BSN to DNP
- [ ] Part-time student BSN to DNP with Education Emphasis

Any change from either full-time or part-time status will require a letter of request and formal approval of the program.

Signature_______________________________________________________Date____________________________________

Return to:  

Pittsburg State University  
Irene Ransom Bradley School of Nursing  
1701 South Broadway Street  
Pittsburg, KS  66762

Along with all additional PSU School of Nursing BSN to DNP Admission Requirements.

The DNP Program Guide can be found on the Pittsburg State University School of Nursing website  
www.pittstate.edu/nurs
Background Check Require
Pittsburg State University, School 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 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).
I, _______________________________________, give permission for the release of any information concerning
myself in the Child Abuse and Neglect Central Registry to:

Contact Person: Cheryl Giefer, Associate Director

Agency Name: Pittsburg State University, School of Nursing

Mailing Address: 1701 South Broadway Street
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
requests and fees must 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,
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

______FEE ATTACHED
Kansas Bureau of Investigation (KBI) Criminal Background Check Form

This form is for NON-KANSAS Residents only

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. Cheryl Giefer, Associate Director
(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
CONSENT TO RELEASE OF CRIMINAL HISTORY INFORMATION

READ CAREFULLY BEFORE SIGNING

I acknowledge that my acceptance into the Irene Ransom Bradley School of Nursing at Pittsburg State University is dependent upon meeting all of the requirements of the school. 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 (Alias) used, if any)

_____________________________
(Parent or Guardian, if a Minor)                  (Date)
To the BSN to DNP applicant:

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

1. Immediate Nursing Employment Supervisor.
2. Faculty professor from BSN program.
3. Professional reference able to assess your professional characteristics as listed below (references from friends, relatives, clergy, or staff nurses and co-workers are not accepted).
4. Additional references may be requested.

Please supply the professional reference with a stamped envelope pre-addressed to:

Pittsburg State University Irene Ransom Bradley School of Nursing, 1701 South Broadway Street, Pittsburg, KS 66762

Applicant’s Name: ____________________________ Applicant’s Signature: ____________________

I understand that my above signature affords this professional reference confidentiality from my review.

To the professional reference:

The person listed above is applying for admission to the Pittsburg State University Irene Ransom Bradley School of Nursing BSN to DNP 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, Irene Ransom Bradley School of Nursing, 1701 Broadway Street, 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 Graduate 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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Upper 10%</th>
<th>Upper 25%</th>
<th>Upper 50%</th>
<th>Lower 50%</th>
<th>No Basis for Judgment</th>
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<tbody>
<tr>
<td>Ability to analyze and solve problems effectively</td>
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<tr>
<td>Ability to exchange and share ideas</td>
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<td>Ability to express thoughts in speech</td>
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<td>Ability to express thoughts in writing</td>
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<td>Ability to plan and conduct research</td>
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<td>Ability to work as a team member</td>
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<td>Ability to work independently</td>
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<td>Ability/potential for graduate study</td>
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<td>Attendance/ Punctuality</td>
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<td>Integrity</td>
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<td>Leadership potential</td>
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<td>Motivation and perseverance toward goals</td>
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<td>Nursing Knowledge</td>
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<td>Responsibility / Accountability</td>
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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.

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Name (please print) ______________________________ Title and Business Affiliation ____________________________

Street Address ______________________________

City ______________________________ State ______________________________ Zip Code ______________________________

Daytime Phone Number ______________________________ E-Mail ______________________________

Signature of Professional Reference ______________________________ Date ______________________________
To the BSN to DNP applicant:

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

1. Immediate Nursing Employment Supervisor.
2. Faculty professor from BSN program.
3. Professional reference able to assess your professional characteristics as listed below (references from friends, relatives, clergy, or staff nurses and co-workers are not accepted).
4. Additional references may be requested.

Please supply the professional reference with a stamped envelope pre-addressed to:

Pittsburg State University Irene Ransom Bradley School of Nursing, 1701 South Broadway Street, Pittsburg, KS 66762

Applicant's Name: ___________________________ Applicant's Signature: ___________________________

I understand that my above signature affords this professional reference confidentiality from my review.

To the professional reference:

The person listed above is applying for admission to the Pittsburg State University Irene Ransom Bradley School of Nursing BSN to DNP 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 Irene Ransom Bradley School of Nursing, 1701 Broadway Street, Pittsburg, Kansas 66762. Please seal and sign with your signature over the envelope seal. Thank you!

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