

# Pittsburg State University

Pittsburg, KS

## Irene Ransom Bradley School of Nursing 2021 BSN Application

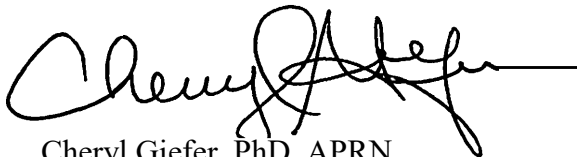
Dear Applicant:

Thank you for your interest in applying to the upper division major in our pre-licensure Bachelor of Science in Nursing (BSN) program. The faculty and staff of the Irene Ransom Bradley School of Nursing are proud of the quality of our nursing programs.

Please note that the deadline for application and transcript submission for Fall 2021 is December 1, 2020. It is the responsibility of the applicant to be sure all items on the check sheet are completed by the December 1st 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 1st 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 school administrative associate at [jhudiburg@pittstate.edu](mailto:jhudiburg@pittstate.edu).

Sincerely,



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

Forms to Follow:

The HighLights  
Instructions for Application to the School of Nursing  
Student Check Sheet  
Application for Admission – 2021  
Reference Forms (3)  
Consent to Release of Criminal History Information  
CastleBranch  
Kansas Bureau of Investigation Background Check Form

# HighLights

## OUR ADVICE - Read everything carefully (more than once)!!!!

- ❖ The School of Nursing standard (65.6%) must be met on the Test of Essential Academic Skills (ATI TEAS). The ATI TEAS must be taken at PSU School of Nursing, RM 135, McPherson Hall at applicant cost of \$65.00 per test. One retake is allowed.

**ATI TEAS Preparation is highly recommended:** Assessment Technologies, Inc. (ATI) sells an ATI TEAS test preparation package which includes the ATI TEAS Study Manual – Sixth Edition, ATI TEAS Online Practice Assessment Form A and B. Order at the link:

[http://www.atitesting.com/ati\\_store/product.aspx?zpid=1493](http://www.atitesting.com/ati_store/product.aspx?zpid=1493)

The ATI TEAS Study Manual – Sixth Edition can also be purchased at [www.amazon.com](http://www.amazon.com). Make sure you are purchasing the sixth edition. The study manual at Amazon.com may include practice tests. Prices for the book vary – make note of the shipping time frame.

- ❖ Applicant must have taken three of the five required science and math courses by the December 1st application deadline.
- ❖ **The courses listed below are nursing prerequisites and must be completed before beginning upper division nursing courses in Fall 2021.**

**MATH 110** College Algebra with Review, **MATH 113** College Algebra or **MATH 150** Calculus; **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 Psychology or **FCS 285** Lifespan Human Development

- ❖ References from friends, relatives, and ministers or other religious leaders are not accepted.
- ❖ Any student request for exception or waiver of any published admission requirement including but not limited to specific course requirements must be made in writing in formal letter and addressed to the Director of the School of Nursing. Written requests will only be accepted per registered mail. The request must be accompanied by a written explanation to assist in arriving at a fair decision. Granted or denied waivers or exceptions will be made in writing in formal letter and will be sent per registered mail. The School of Nursing assumes no responsibility to grant waivers or exceptions that are not made according to this protocol. Students are responsible for obtaining the information that they need in order to know, understand, and meet admission requirements.
- ❖ 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.**

❖ Applicants who receive conditional acceptance into the program will be required to communicate acceptance of their space in the program by completing and returning, by the specified deadline, the “Hold My Space” form that is included with the Admit with Conditions letter the student applicant receives. At the time the “Hold My Space” form is due to be returned to the School of Nursing, partial payment of the BSN Standardized Testing Package cost is due. The partial payment of \$400.00 will be due at that time. This is necessary so that the School of Nursing can order student testing packages used by each student throughout the program. Failure to submit the partial payment will result in forfeiture of one’s seat in the program. Students who have made the partial payment for the standardized testing package and then decide to not start the clinical nursing courses in the coming fall semester may apply for a refund prior to June 15.

- ❖ Applicants who are granted conditional acceptance into the program will be required to **meet in person** with a PSU Nursing advisor by the end of April. Failure to do so could result in the applicant forfeiting their seat.
- ❖ One or more orientation sessions will be required prior to starting classes.
- ❖ After conditional admission to the School of Nursing, but prior to beginning fall nursing classes, you will be required to submit to a State of Missouri fingerprint search.

**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 SCHOOL OF NURSING. IF THERE IS AN ALTERNATE DEADLINE FOR ANY ITEM IT WILL BE NOTED BELOW.**

To be considered for “on time” admission, the complete application packet must be postmarked on or before **December 1, 2020**. Please note:

**INSTRUCTIONS FOR APPLICATION TO THE  
IRENE RANSOM BRADLEY SCHOOL OF NURSING, PITTSBURG STATE UNIVERSITY**

1. Complete the Pittsburg State University application for admission unless you are currently enrolled or have already applied at Pittsburg State University. Access the university application for admission at: <https://admission.pittstate.edu/> or contact the Admissions Office (620) 235-4250.
  2. Complete the School of Nursing application for admission (in this packet). Enclose a check in the amount of \$50.00, payable to the School of Nursing, for the application fee.
  3. Arrange for official transcripts from each college or university attended to be mailed **directly to** Pittsburg State University, Office of the Registrar, 1701 S. Broadway, Pittsburg, KS. 66762. Transcripts for all semesters except Fall 2020 must be received by December 1 or your application is considered **INCOMPLETE**. Transcripts from Fall 2020 semester should be received by the School of Nursing on or before January 22, 2021.
  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; School 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; School of Nursing; 1701 S. Broadway; Pittsburg, KS. 66762.
  6. Applicants are required to purchase a background check through CastleBranch. This is a National Background Check in your *permanent state of residence*. **Read thoroughly** and follow the directions on the CastleBranch student instruction form in your admission packet.
  7. 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 attached Kansas Central Repository Certified Record Check Request Form and return it to Kansas Bureau of Investigation, ATTN: Central Repository, 1620 SW Tyler, Topeka, KS. 66612-1837 along with a check or money order for \$30.00 payable to KBI Record Check Fee Fund. If you have questions about completion of the Certified Record Check Request Form please call 620-235-4431.

**Note: After conditional admission to the School of Nursing, but prior to beginning the fall semester nursing classes, you will be required to submit to a State of Missouri fingerprint search in order to participate in clinicals(s) in Missouri.**

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.**
9. All applicants **are required** to submit ACT or SAT scores. Please provide a copy of your ACT or SAT results with your application.
10. All applicants are required to take the Test of Essential Academic Skills (**ATI TEAS**). For full admission status, the School of Nursing standard score of 65.6% must be met. The **ATI TEAS** is taken at the applicant's cost and one retake is allowed. Each **ATI TEAS** test costs \$65.00, and will be paid for electronically directly to ATI on test day when you register. You will need to bring a valid credit or debit card with you to your scheduled test date as well as a photo ID to be admitted to the testing site. The use of calculators is allowed on the new **ATI TEAS** test. Computer monitoring software is enabled. **All ATI TEAS testing will be done on the PSU Campus, McPherson Hall, RM 135 in a proctored environment.**

**Arrive for testing 15 to 20 minutes early for check in. DO NOT BE LATE, anyone arriving after the scheduled testing time will need to reschedule for another test date.**

**Call 620-235-4431 to schedule a test date.**

**Testing dates are limited to the first 20 people who reserve a spot.**

**Test dates are:**

Wednesday, September 23, 2020-----	12:00pm to 4:30pm
Friday, September 25, 2020 -----	8:30am to 1:00pm
Wednesday, September 30, 2020-----	12:00pm to 4:30pm
Friday, October 2, 2020 -----	8:30am to 1:00pm
Wednesday, October 7, 2020 -----	12:00pm to 4:30pm
Wednesday, October 14, 2020 -----	12:00pm to 4:30pm
Friday, October 16, 2020 -----	8:30am to 1:00pm
**Wednesday, October 21, 2020 -----	12:00pm to 4:30pm

**\*\*FINAL TESTING DATE (\*\*FINAL TESTING DATE is for RE-TESTING only-no first-time testers.)**

**NOTE: If you previously took the ATI TEAS test for the 2020 application period you are required to retake the test regardless of your previous score.**

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 NCLEX-RN 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 as part of the NCLEX-RN examination application process. Please contact other state boards for their requirements if testing outside of Kansas.

Pittsburg State University  
Irene Ransom Bradley  
School of Nursing  
1701 S. Broadway  
Pittsburg, KS 66762

**Student Check Sheet (FOR STUDENT USE ONLY)**

- \_\_\_\_\_ I have submitted an application for admission to Pittsburg State University *or*  
 \_\_\_\_\_ I am already a student at PSU and do not need to apply again.
- \_\_\_\_\_ I have completed the School of Nursing Application *and*  
 \_\_\_\_\_ I have mailed my completed application along with a check in the amount of \$50.00 (application fee) payable to PSU.
- \_\_\_\_\_ I have requested my transcripts (colleges other than PSU) be sent to the Pittsburg State University, Office of the Registrar by January 22, 2021 for on time School of Nursing application.
- \_\_\_\_\_ 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 School of Nursing Application the “Consent for Background Check” form.
- \_\_\_\_\_ I have completed my background check through CastleBranch
- \_\_\_\_\_ As a non-resident of Kansas, I have completed the Kansas Central Repository Certified Record Check Form and mailed it with a check or money order in the amount of \$30.00 payable to KBI Record Check Fee Fund to Kansas Bureau of Investigation, ATTN: Central Repository, 1620 SW Tyler, Topeka, KS. 66612-1837. **If you have questions regarding completing the background checks please call 620-235-4431. Doing this incorrectly may delay processing of your application.**
- \_\_\_\_\_ 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 or SAT scores.
- \_\_\_\_\_ I have scheduled the **ATI TEAS** test. (Don’t forget your debit/credit card and photo ID on test day).
- \_\_\_\_\_ I have read all published admission requirements in the August 2020 Bachelor of Science in Nursing Pre-RN Licensure Program Guide posted on the School of Nursing website and have sought advisement from a PSU nursing faculty advisor regarding any requirement that I do not understand as it pertains to me and my academic record.

**Pittsburg State University  
Irene Ransom Bradley School of Nursing  
Bachelor of Science in Nursing  
Application for Admission 2021**



PSU Student ID # \_\_\_\_\_

Name in Full (no initials) \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

**Mailing Address for official communication including letters of admission or denial.**

\_\_\_\_\_  
(Street) (City) (State) (Zip Code)

E-mail Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_

**ACT/SAT SCORE \_\_\_\_\_ Please indicate which score you are providing.  
Include documentation of this score.**

**A student who is born outside of the United States is required to take and pass the TOEFL iBT.  
 Documentation should be provided with this application.**

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: \_\_\_\_\_

*NOTE: Items #3 and #4 are required BEFORE you may begin upper division nursing classes beginning fall 2021*

3. I am currently a Certified Nurse Aid (CNA) or LPN. Yes  No  If you mark "no" state your plan to become CNA certified (date?) \_\_\_\_\_

4. I am currently certified in CPR Yes  No  If you mark "no", state your plan to become CPR certified \_\_\_\_\_

5. List all colleges/universities attended. State if a degree was earned.

College/University Attended	Degree Earned

**Please send an official transcript from all colleges attended (except PSU) to Pittsburg State University**



**The courses listed below are nursing prerequisites and must be completed before beginning upper division nursing courses in Fall 2021.**

**MATH 110** College Algebra with Review, **MATH 113** College Algebra or **MATH 150** Calculus; **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

**PLEASE COMPLETE #6, 7 and 8. DO NOT LEAVE BLANK.**

**IF YOU ARE NOT ATTENDING CLASSES WRITE “NOT ATTENDING CLASSES”.**

6. List the courses with course numbers you are taking in Fall 2020 and where you are planning to take the coursework.

Course #	Course Name	Course #	Course Name

7. List the courses with course numbers you are taking in Spring 2021 and where you are planning to take the coursework.

Course #	Course Name	Course #	Course Name

8. List the courses with course numbers you are taking in Summer 2021 and where you are planning to take the coursework.

Course #	Course Name	Course #	Course Name

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

**Permanent** State of Residency: \_\_\_\_\_ This is the state you will search when completing your National Background Check (CertifiedBackground.com). **You must have been a resident in a state for one (1) full year or more to claim it as your permanent State of Residency.**

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

State/Country: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 State/Country: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**If you have a criminal history including convictions/diversions for any crime, misdemeanors and/or felonies, as well as arrests for which action is still pending, contact Dr. Cheryl Giefer at 620-235-4431 immediately.**

**Failure to complete this step WILL result in denial of your application.**

**11. I do  I do not  have a criminal history including diversions, misdemeanors, felonies, as well as arrests for which action is still pending, against me. If you need more space please write on the back.**

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

**12. I do  I do not  have disciplinary action against any licenses, certifications and/or registrations as well as disciplinary action by a state board or 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.)**

If disciplinary action has ever been taken against your driver's license or other license, registration or certification, in Kansas or any other state, (for any reason), you are required to provide an explanatory letter regarding the disciplinary action (s) taken against your driver's license or other license, registration or certification.

**EXPLANATORY LETTER:** You are REQUIRED to submit an explanatory letter regarding EACH arrest/conviction/diversion for any crime, misdemeanor, and/or felony.

The letter should include the following information:

- Date of the criminal offense or disciplinary/administrative action
- Circumstances leading up to the arrest or disciplinary/administrative action
- Actual conviction or disciplinary/administrative action
- Actual sentence or board/regulatory agency order
- Current status of sentence or order
- Rehabilitation (if any)

The applicant may be required to provide certified/dated copies of disciplinary or legal documents.

**Failure to notify the school on the application or within one day after admission, if a new action since application, may result in dismissal or suspension until the legal issue is resolved.** Continuance in the major will be individually evaluated and will be at the sole discretion of the Pittsburg State University School of Nursing.

**NOTE: The Kansas State Board of Nursing and other state nursing boards have specific procedures for reporting disciplinary action on nursing applications (initial, reinstatement and endorsement.) The procedures are accessible by contacting the respective boards.**

**Attest: I have read the list of required Essential Nursing Physical Functions as they appear in the current BSN Pre-RN Licensure Program Guide, pages 15-16. If admitted to the nursing program students may be asked to verify ability to perform the functions.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Do you have any questions or comments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

**Return this application to:  
Pittsburg State University  
Irene Ransom Bradley School of Nursing  
1701 S. Broadway  
Pittsburg, KS 66762**

**Please keep a copy of your submitted application for your personal records.**

**Pittsburg State University**  
**Irene Ransom Bradley School of Nursing**

TO: \_\_\_\_\_

(Print Reference Name Here)

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				
Motivation				
Sociability				
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 (professional, educational, or employment)? **References from friends, relatives, ministers, and personal physicians are not acceptable.**

Comments: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
 (Please Print)

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

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

**Pittsburg State University**  
**Irene Ransom Bradley School of Nursing**

TO: \_\_\_\_\_

(Print Reference Name Here)

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				
Motivation				
Sociability				
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 (professional, educational, or employment)? **References from friends, relatives, ministers, and personal physicians are not acceptable.**

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
 (Please Print)

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

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

**Pittsburg State University**  
**Irene Ransom Bradley School of Nursing**

TO: \_\_\_\_\_

(Print Reference Name Here)

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				
Motivation				
Sociability				
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 (professional, educational, or employment)? **References from friends, relatives, ministers, and personal physicians are not acceptable.**

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
 (Please Print)

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

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

# 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. 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)

# CastleBranch

Order Instructions for

## Pittsburg State University – School of Nursing Applicants

1. Go to <https://mycb.castlebranch.com/>
2. In the upper right hand corner, enter the Package Code that is below.

Package Code **IS30**: Background Check

### About

#### About CastleBranch

Pittsburg State University - Nursing has partnered with CastleBranch, one of the top ten background check and compliance management companies in the nation to provide you a secure account to manage your time sensitive school and clinical requirements. After you complete the order process and create your account, you can log in to your account to monitor your order status, view your results, respond to alerts, and complete your requirements.

You will return to your account by logging into [castlebranch.com](https://castlebranch.com) and entering your username (email used during order placement) and your secure password.

### Order Summary

#### Payment Information

Your payment options include Visa, Mastercard, Discover, Debit, electronic check and money orders. Note: Use of electronic check or money order will delay order processing until payment is received.

#### Accessing Your Account

To access your account, log in using the email address you provided and the password you created during order placement. Your administrator will have their own secure portal to view your compliance status and results.

#### Contact Us

For additional assistance, please contact the Service Desk at 888-723-4263 or visit <https://mycb.castlebranch.com/help> for further information .



# Certified Record Check Request Form

Regular name-based record checks are to be requested on-line at [www.kansas.gov/kbi/criminalhistory](http://www.kansas.gov/kbi/criminalhistory)

To: Kansas Bureau of Investigation  
Attn: Central Repository  
1620 SW Tyler  
Topeka, KS 66612-1837

From: \_\_\_\_\_  
(Requestor's Full Name or Organization) (Please Print)  
\_\_\_\_\_  
(Requestor's Point of Contact and title)  
\_\_\_\_\_  
(Requestor's Mailing Address)  
\_\_\_\_\_  
(City, State or Country and Zip)  
\_\_\_\_\_  
(Requestor's Phone Number)

1. A criminal history record check of the Kansas Central Repository is requested for the following individual. The **Full Name** and **Date of Birth** are mandatory:

**Full Name:** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)  
Maiden or  
Alias Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)  
**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

3. Purpose for the criminal history record check (Please be specific): \_\_\_\_\_

4. Mailing address for the results of the record check, if different from the "From" address, above:

[ ] Same as the "From" address above.  
Pittsburg State University/School of Nursing  
Attn: Dr. Cheryl Giefer, Director  
1701 South Broadway  
Pittsburg, KS. 66762

5. Enclosed is payment made payable to the **KBI Record Check Fee Fund** for the record check in the sum of:

[ ] \$30.00 for a certified name-based check [ ] \$45.00 for a certified Kansas fingerprint-based check  
[ ] \$57.00 for a certified Kansas/national fingerprint-based check\*  
\* A state or federal statute allowing a national search is required

6. Dissemination of criminal history information is governed by statutes, laws and regulations. The Requestor will comply with and be subject to the provisions of both State and Federal law regulations, including, but not limited to Title 28 (Judicial Administration) of the Code of Federal Regulations and Kansas Statutes Annotated 22-4107 et seq.

7. Requestor agrees to limit disclosure of the information received to personnel who have a clear, distinct "need to know," and ensure that the information is used only for the purpose for which provided. Further, Requestor shall:  
a. Implement reasonable procedures to insure the confidentiality and security of any information received.  
b. Indemnify and hold harmless the KBI, their employees, including their heirs, executors, administrators, personal representatives, successors, and assigns, from and against any and all causes of actions, claims, demands, suits, rights and other proceedings of any nature which seek damages or their remedies arising from the providing of criminal

8. The KBI has the right to demand return of all information provided to the Requestor when any rule, policy, procedure, regulation or law described in this request is violated or appears to be violated or for non-payment of any service.

9. I have read and understand my responsibilities when receiving record check information from the Kansas Central Repository, and I agree to safeguard and properly use all information I receive.

(Signature of Requestor) \_\_\_\_\_