

Irene Ransom Bradley School of Nursing 2023 BSN Application

Dear Applicant:

Thank you for your interest in applying to the upper division major in our baccalaureate nursing program. The faculty and staff of the Irene Ransom Bradley School of Nursing are proud of the quality of our nursing programs, which is reflected in our exceedingly high student outcomes. Pittsburg State University's pre-licensure BSN pass rate on the national board examination (NCLEX) is consistently higher than the State of Kansas average and our attrition rate is the lowest of BSN programs in Kansas. In addition, we have the highest percentage of full-time faculty in a BSN program in Kansas.

Please note that the deadline for application and transcript submission for Fall 2023 is December 1, 2022.

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 December 1, 2022, will not be considered by the BSN Committee in the first round of selection for a seat in the Fall 2023 junior cohort. 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 nurs@pittstate.edu.

Sincerely,



Cheryl Giefer, PhD, APRN, FNP
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
COVID-19 Vaccination Statement
Consent to Release of Criminal History Information
CastleBranch
Kansas Bureau of Investigation background check form
Reference Forms (3)

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 Pittsburg State University, Axe Library 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 – Revised Edition (7th Edition), Order at the link: http://www.atitesting.com/ati_store/product.aspx?zpid=1493

The ATI TEAS Study Manual – Seventh Edition can also be purchased at www.amazon.com. Make sure you are purchasing the seventh edition.

- An overall grade point average of 3.0 or above is required
- 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 with a minimum cumulative 2.50 GPA before beginning upper division nursing courses in Fall 2023.**

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

- 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.
 - 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, 2022**.

**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 2022 must be received by December 1 or your application is considered **incomplete**. Transcripts from Fall 2022 semester should be received by the School of Nursing on or before January 21, 2023.

4. Fill out the top of three reference forms making sure to enter your name, *check the *wave 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 clinical(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, Axe Library room 115.**

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.

Test Dates and Times

Friday, September 30, 2022 -----	8:30am to 1:00pm
Monday, October 3, 2022 -----	12:00pm to 4:30pm
Friday, October 7, 2022 -----	8:30am to 1:00pm
Tuesday, October 11, 2022 -----	8:30am to 1:00pm
Friday, October 21, 2022 -----	8:30am to 1:00pm
Monday, October 24, 2022 -----	12:00pm to 4:30pm
Tuesday, October 25, 2022 -----	8:30am to 1:00pm
Wednesday, November 9, -----	12:00pm to 4:30pm
*Monday, November 14, 2022-----	12:00pm to 4:30pm
*Thursday, November 17, 2022 -----	12:00pm to 4:30pm

*** TESTING DATE IS FOR RE-TESTING ONLY-NO FIRST-TIME TESTERS.**

Note: If you previously took the ATI TEAS test for the 2022 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 20, 2023 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 "COVID-19 Vaccination Statement."

- ☐ I have signed and enclosed, with my School of Nursing Application, the "Consent to Release Criminal History Information" 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 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 2023



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 with a minimum cumulative 2.50 GPA before beginning upper division nursing courses in Fall 2022.

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 2022 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 2023 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 2023 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. Have you ever been convicted of a misdemeanor or felony? ____Yes ____No

12. Has disciplinary action ever been taken or is such action pending on any license or certificates that you hold in Kansas or any other state, territory, country or governmental agency? ____Yes ____No

If you answered Yes to either of these questions, please explain in an accompanying letter. Additional information may be requested as required by the Kansas State Board of Nursing. **Be advised that by current Kansas law the Kansas State Board of Nursing may discipline or refuse licensure to applicants with certain arrests, misdemeanors, and felonies (K.S.A. 65-1120 from Kansas Nurse Practice Act). For more information, contact the state board of nursing in the state where you intend to practice.** The Department of Nursing reserves the right to refuse admission or progression to an applicant or student who has been convicted as a felon, crimes against person, or has otherwise committed offenses inappropriate for a nurse. Individuals convicted of a felony crime against person WILL NOT be licensed in Kansas. (Please refer to the current Kansas Nurse Practice Act for complete information related licensure and licensure denial at <http://www.ksbn.org/npa/npa.pdf>)

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.

65-1120. Grounds for disciplinary actions; proceedings; witnesses; costs; professional incompetency defined; criminal justice record information.

(a) *Grounds for disciplinary actions.* The board may deny, revoke, limit or suspend any license or authorization to practice nursing as a registered professional nurse, as a licensed practical nurse, as an advanced practice registered nurse or as a registered nurse anesthetist that is issued by the board or applied for under this act, or may require the licensee to attend a specific number of hours of continuing education in addition to any hours the licensee may already be required to attend or may publicly or privately censure a licensee or holder of a temporary permit or authorization, if the applicant, licensee or holder of a temporary permit or authorization is found after hearing:

- (1) To be guilty of fraud or deceit in practicing nursing or in procuring or attempting to procure a license to practice nursing;
- (2) to have been guilty of a felony or to have been guilty of a misdemeanor involving an illegal drug offense unless the applicant or licensee establishes sufficient rehabilitation to warrant the public trust, except that notwithstanding K.S.A. 74-120, and amendments thereto, no license or authorization to practice nursing as a licensed professional nurse, as a licensed practical nurse, as an advanced practice registered nurse or registered nurse anesthetist shall be granted to a person with a felony conviction for a crime against persons as specified in article 34 of chapter 21 of the Kansas Statutes Annotated, prior to their repeal, or article 54 of chapter 21 of the Kansas Statutes Annotated, or K.S.A. 2020 Supp. 21-6104, 21-6325, 21-6326 or 21-6418, and amendments thereto;
- (3) has been convicted or found guilty or has entered into an agreed disposition of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;
- (4) to have committed an act of professional incompetency as defined in subsection (e);
- (5) to be unable to practice with skill and safety due to current abuse of drugs or alcohol;
- (6) to be a person who has been adjudged in need of a guardian or conservator, or both, under the act for obtaining a guardian or conservator, or both, and who has not been restored to capacity under that act;
- (7) to be guilty of unprofessional conduct as defined by rules and regulations of the board;

(8) to have willfully or repeatedly violated the provisions of the Kansas nurse practice act or any rules and regulations adopted pursuant to that act, including K.S.A. [65-1114](#) and [65-1122](#), and amendments thereto;

(9) to have a license to practice nursing as a registered nurse or as a practical nurse denied, revoked, limited or suspended, or to be publicly or privately censured, by a licensing authority of another state, agency of the United States government, territory of the United States or country or to have other disciplinary action taken against the applicant or licensee by a licensing authority of another state, agency of the United States government, territory of the United States or country. A certified copy of the record or order of public or private censure, denial, suspension, limitation, revocation or other disciplinary action of the licensing authority of another state, agency of the United States government, territory of the United States or country shall constitute prima facie evidence of such a fact for purposes of this paragraph (9); or

(10) to have assisted suicide in violation of K.S.A. [21-3406](#), prior to its repeal, or K.S.A. 2020 Supp. [21-5407](#), and amendments thereto, as established by any of the following:

(A) A copy of the record of criminal conviction or plea of guilty for a felony in violation of K.S.A. [21-3406](#), prior to its repeal, or K.S.A. 2020 Supp. [21-5407](#), and amendments thereto.

(B) A copy of the record of a judgment of contempt of court for violating an injunction issued under K.S.A. 2020 Supp. [60-4404](#), and amendments thereto.

(C) A copy of the record of a judgment assessing damages under K.S.A. 2020 Supp. [60-4405](#), and amendments thereto.

(b) *Proceedings.* Upon filing of a sworn complaint with the board charging a person with having been guilty of any of the unlawful practices specified in subsection (a), two or more members of the board shall investigate the charges, or the board may designate and authorize an employee or employees of the board to conduct an investigation. After investigation, the board may institute charges. If an investigation, in the opinion of the board, reveals reasonable grounds for believing the applicant or licensee is guilty of the charges, the board shall fix a time and place for proceedings, which shall be conducted in accordance with the provisions of the Kansas administrative procedure act.

(c) *Witnesses.* No person shall be excused from testifying in any proceedings before the board under this act or in any civil proceedings under this act before a court of competent jurisdiction on the ground that such testimony may incriminate the person testifying, but such testimony shall not be used against the person for the prosecution of any crime under the laws of this state except the crime of perjury as defined in K.S.A. 2020 Supp. [21-5903](#), and amendments thereto.

(d) *Costs.* If final agency action of the board in a proceeding under this section is adverse to the applicant or licensee, the costs of the board's proceedings shall be charged to the applicant or licensee as in ordinary civil actions in the district court, but if the board is the unsuccessful party, the costs shall be paid by the board. Witness fees and costs may be taxed by the board according to the statutes relating to procedure in the district court. All costs accrued by the board, when it is the successful party, and which the attorney general certifies cannot be collected from the applicant or licensee shall be paid from the board of nursing fee fund. All moneys collected following board proceedings shall be credited in full to the board of nursing fee fund.

(e) *Professional incompetency defined.* As used in this section, "professional incompetency" means:

(1) One or more instances involving failure to adhere to the applicable standard of care to a degree which constitutes gross negligence, as determined by the board;

(2) repeated instances involving failure to adhere to the applicable standard of care to a degree which constitutes ordinary negligence, as determined by the board; or

(3) a pattern of practice or other behavior which demonstrates a manifest incapacity or incompetence to practice nursing.

(f) *Criminal justice information.* The board upon request shall receive from the Kansas bureau of investigation such criminal history record information relating to arrests and criminal convictions as necessary for the purpose of determining initial and continuing qualifications of licensees of and applicants for licensure by the board.

History: L. 1949, ch. 331, § 9; L. 1963, ch. 314, § 6; L. 1972, ch. 231, § 10; L. 1975, ch. 316, § 7; L. 1978, ch. 240, § 6; L. 1981, ch. 245, § 1; L. 1983, ch. 206, § 10; L. 1985, ch. 88, § 6; L. 1986, ch. 233, § 4; L. 1990, ch. 221, § 5; L. 1993, ch. 194, § 1; L. 1995, ch. 97, § 2; L. 1997, ch. 158, § 4; L. 1998, ch. 142, § 8; L. 2011, ch. 30, § 236; L. 2011, ch. 114, § 42; L. 2018, ch. 42, § 5; July 1, 2019.

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 states' nursing boards have specific procedures for reporting disciplinary action on nursing applications (initial, reinstatement and endorsement.) The procedures are accessible by contacting the respective State Boards of Nursing.

Attest: I have read the list of required Essential Nursing Physical Functions as they appear in the current BSN Student Handbook. 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.

COVID-19 Vaccination Statement for Nursing Program Applications

Although the COVID-19 vaccine is not currently mandated by Pittsburg State University and the Irene Ransom Bradley School of Nursing, **the majority of our clinical contracts with health care agencies are now requiring proof of vaccination for students and faculty**, temporary employees, volunteers, and others who work or engage in clinical experiences in their hospitals and clinics.

Applicants to the pre-licensure BSN program will be expected to provide vaccination status, including the COVID-19 vaccine, prior to Junior Orientation, which is held annually during the first week of June. In the event that a student chooses to decline the COVID-19 vaccine, it is their responsibility to notify the Director of the School of Nursing prior to this date.

It should also be noted that while there are few hospitals currently not requiring students to have proof of COVID vaccination, the requirements for vaccination could change at any time.

The Irene Ransom Bradley School of Nursing adheres to guidelines for national accreditation and approval by the Kansas State Board of Nursing and these guidelines require students to complete a specific number of clinical hours for graduation. Without proof of COVID-19 vaccination, it may not be possible to complete the required number of clinical hours in the nursing curriculum. **Thus, declining the COVID vaccine may prevent the student from completing the necessary clinical hours and may delay or prevent completion of the pre-licensure BSN program.**

If circumstances allow the student to be placed at a hospital not requiring COVID-19 vaccination, but requiring weekly COVID testing prior to a clinical day, the cost of the COVID testing will be the responsibility of the student.

By my signature below, I acknowledge that I have read and understand the COVID-19 Vaccination Statement for Nursing Program Applicants

Signature of Applicant:_____ **Date:**_____

Name (Printed):_____

**Consent to Release
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 **IS30ST**: Background Check for permanent residents of AR, FL, ME, ND, SC.
Package Code **IS30**: Background Check for permanent residents of states not listed above.

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 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

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:

[X] \$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:
- Implement reasonable procedures to insure the confidentiality and security of any information received.
 - 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) _____

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)

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Name: _____ Title: _____ Employer: _____
(Please Print)

Address: _____ Phone: _____

Signature: _____ Date: _____