

# Pittsburg State University

## College of Arts and Sciences

Irene Ransom Bradley  
School of Nursing  
McPherson Hall  
1701 South Broadway  
Pittsburg, KS 66762-7514  
620-235-4431 fax: 620-235-4449  
[www.pittstate.edu/nurs](http://www.pittstate.edu/nurs)

Dear MSN to DNP Applicant:

Thank you for your interest in applying for admission to the Doctor of Nursing Practice Program offered by the Irene Ransom Bradley School 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 MSN 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.

Pittsburg State University is accredited by The Higher Learning Commission: A Commission of The North Central Association of Colleges and Schools. The baccalaureate degree in nursing, master's degree in nursing and the doctor of nursing practice at Pittsburg State University are accredited by the Commission on Collegiate Nursing Education, 655 K. Street, NW, Suite 750, Washington, DC 20001, 202-887-6791, (<http://www.aacn.nche.edu/ccne-accreditation>). 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](http://www.ksbn.org)). The DNP program has been approved by the Kansas Board of Regents, Kansas State Board of Nursing and the Higher Learning Commission.

Doctor of Nursing Practice applicants will be considered for admission based on both admission requirements and resource availability. December 1, 2021 is the application deadline for first consideration for admission to the DNP program beginning Summer Session 2022. Applications will be accepted in the office until 4:30 p.m. or postmarked by 11:59 p.m. on Wednesday, December 1, 2021. 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 and Director

## Admission Requirements for the School of Nursing, Doctor of Nursing Practice Program (MSN 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. You may access the application online and apply as an MSN to DNP Student at <https://www.pittstate.edu/graduate/index.html>
2. Pittsburg State University School of Nursing MSN to DNP Program Application with \$135.00 application fee (payable to the School of Nursing). Upon receiving your MSN-DNP Program Application and application fee, you will be sent critical thinking pre-testing instructions to the e-mail you provided on your application.
3. A writing sample, including (1) past experiences in nursing; (2) purpose(s) for engaging in DNP study; (3) reasons for wanting to enter the DNP program at Pittsburg State University; and, (4) professional plans and future career goals.
4. Confirmation of all undergraduate and graduate coursework. Preference is given to those with 3.5 or above cumulative GPA in graduate coursework.
5. Three confidential letters of reference must be submitted to the School of Nursing from applicants. One reference from an immediate nursing employment supervisor(s), one reference from the applicant's MSN 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.
6. Documentation of graduation from a nursing program at the undergraduate and graduate level that is nationally accredited by the National League for Nursing and/or Commission on Collegiate Nursing Education.
7. Detailed resume including all professional work experience(s) as a registered nurse and advanced practice registered nurse.
8. Documentation of current employment as an advanced practice registered nurse, through a letter signed by current employer on official letterhead. Employment start date and job title should be included in this letter.
9. Evidence of completion of separate graduate level nursing physical assessment, pharmacology, pathophysiology, and graduate level statistic courses.
10. Applicants who are born outside of the U.S. are 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.
11. A personal interview may be required.

### **Note for Items 12, 13, 14:**

The School of Nursing contracts with Certiphi, a company that handles our immunization tracking. This service is at the student expense. If you are admitted to the MSN-DNP Degree Program your name will be uploaded to the Certiphi website. You will receive an e-mail at the e-mail address provided on your application from [myrecordtracker@verticalscreen.com](mailto:myrecordtracker@verticalscreen.com) with instructions on how to create an account and log in.

12. Proof of current licensure as an Advanced Practice Registered Nurse is required by May 1, 2022. **Please Note: All MSN to DNP students must be licensed as an advanced practice registered nurse in states where clinical practicum occurs.**
13. Proof of evidence of national certification as an Advanced Practice Registered Nurse.
14. Current Advanced Cardiac Life Support certification must be submitted before enrollment in NURS 910 DNP Clinical Residency.
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. Signed Consent for Background Check Form for the School of Nursing.
18. Applicants are required to purchase a background check through <http://mycb.castlebranch.com>. This is a National Background check in the applicant's current state of residence.
19. If you have a single state RN license and are a permanent resident of any other state than Kansas, you are required to have a Kansas Bureau of Investigation Background Check. If you have a multi-state RN license, you do not have to complete the KBI 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 Kansas Central Repository Certified Record Check Request Form please call 620-235-4431.

#### Convictions or Disciplinary Action

**Licensure** – Please be advised that nursing licenses may be denied or disciplined by the Kansas State Board of Nursing (KSBN). Possible grounds for such action may include being guilty of any felony or being guilty of a misdemeanor that involves an illegal drug offense or a felony crime against a person. Also considered are patterns of practice and other behaviors exhibiting an apparent incapacity to practice nursing. All criminal history must be revealed to and will be evaluated by KSBN BEFORE licensure is granted or denied. **Kansas laws governing nursing state that an individual may be denied licensure if that person has had certain criminal convictions:**

KSA 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 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 chapter 21 of the Kansas Statutes annotated, or K.S.A. 2012 Supp. 21-6104, 21-6325, 21-6326 or 21-6418, and amendments thereto;
  3. to have committed an act of professional incompetency as defined in subsection (e);
  4. to be unable to practice with skill and safety due to current abuse of drugs or alcohol;

5. 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;
6. to be guilty of unprofessional conduct as defined by rules and regulations of the board;
7. 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;
8. 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 (8); or
9. to have assisted suicide in violation of K.S.A. 21-3406, prior to its repeal, or K.S.A. 2012 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. 2012 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. 2012 Supp. 60-4404, and amendments thereto.
  - C. A copy of the record of a judgment assessing damages under K.S.A. 2012 Supp. 60-4405, and amendments thereto.

**Licensure may also be denied because of past disciplinary action on a license or certificate.**

The Kansas State Board of Nursing (KSBN) staff can answer questions relating to licensure. **Students are asked to notify the Director of Nursing if convicted of an offense as described above during the program year.**

Mandatory online DNP Student Orientation will be scheduled for a date in April. Please watch for an email and invitation to join the orientation via Canvas.

The application cycle ends December 1, 2021 with a new application cycle beginning after that time.

## Steps to be Followed After Conditional Admission

1. If application is successful, the applicant will receive a letter of Conditional Admission and be assigned a faculty advisor.
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 contact the advisor by the end of April. Failure to do so may result in the applicant forfeiting their seat.**
  - a. Candidacy must be completed after the student has completed 9 to 12 hours of graduate course work and has been fully admitted.
  - b. Upon admission students are required to create an account with MyRecordTracker to upload licensure as an APRN, immunizations, and documentation of national certification as an APRN. An invitation will be sent from Certiphi in February to register for your myRecordTracker Account.
3. Students must adhere to all policies of the PSU DNP Student Handbook.
  - a. 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, jeggings, 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.
  - b. 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.
  - c. 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.
4. All admission and program requirements must be met in full **prior** to start of the DNP program.



# Pittsburg State University

Pittsburg, KS

## MSN to DNP Application

ADMISSION: SUMMER 2022, DEADLINE 12/01/2021

APPLICATIONS WILL BE ACCEPTED UNTIL 12/01/2021 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 State Zip Code

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Name/Number City State Zip Code

RN License # and State: \_\_\_\_\_ APRN License # and State: \_\_\_\_\_

In case of emergency, contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

| Name and Location of Institution | Major | Degree | Dates Attended | Graduation Year |
|----------------------------------|-------|--------|----------------|-----------------|
|                                  |       |        |                |                 |
|                                  |       |        |                |                 |
|                                  |       |        |                |                 |
|                                  |       |        |                |                 |

*Work Experience: Begin with most recent.*

| Name and Location of Institution | Position | From | To |
|----------------------------------|----------|------|----|
|                                  |          |      |    |
|                                  |          |      |    |
|                                  |          |      |    |
|                                  |          |      |    |

If you mark "I do" have a criminal history you are required to contact the School of Nursing 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**NOTE: A student who is born outside of the United States is required to submit proof that he or she has taken and passed the TOEFL iBT as part of the application process.**

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

List all states or countries in which you have lived:

|                      |             |           |
|----------------------|-------------|-----------|
| State/Country: _____ | From: _____ | To: _____ |
| State/Country: _____ | From: _____ | To: _____ |
| State/Country: _____ | From: _____ | To: _____ |
| State/Country: _____ | From: _____ | To: _____ |

According to the Plan of Study, I am applying as a:

- DNP post MSN
- DNP post MSN with Education Emphasis

**Any change to the plan of study will require a letter of request and formal approval of the program.**

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

**Return completed application packet to:**

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

# 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.
3. 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://mycb.castlebranch.com/) and enter 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 1-888-723-4263 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): Application to Pittsburg State University School of Nursing

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  
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 ther 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)

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

By my signature below I acknowledge and agree that I consent to the access and release of any records maintained by any local, county, state or national law enforcement unit, including, but not limited to Certified Background.com, 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 names used, if any

\_\_\_\_\_

Parent or Guardian, if a Minor

\_\_\_\_\_

Date

To the MSN 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 MSN 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.

Please identify this reference as: (circle one of the following)

1. Immediate Nursing Employment Supervisor
2. Faculty professor from MSN program
3. Professional reference

### To the professional reference:

The person listed above is applying for admission to the Pittsburg State University Irene Ransom Bradley School of Nursing MSN 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.

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

**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.

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

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

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

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Name

Title

Business Affiliation

Street Address

City

State

Zip Code

Daytime Phone Number

E-Mail

Signature of Professional Reference

Date

To the MSN 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 MSN 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.

Please identify this reference as: (circle one of the following)

1. Immediate Nursing Employment Supervisor
2. Faculty professor from MSN program
3. Professional reference

### To the professional reference:

The person listed above is applying for admission to the Pittsburg State University Irene Ransom Bradley School of Nursing MSN 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.

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

**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.

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

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

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

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Name

Title

Business Affiliation

Street Address

City

State

Zip Code

Daytime Phone Number

E-Mail

Signature of Professional Reference

Date

To the MSN 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 MSN 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.

Please identify this reference as: (circle one of the following)

1. Immediate Nursing Employment Supervisor
2. Faculty professor from MSN program
3. Professional reference

### To the professional reference:

The person listed above is applying for admission to the Pittsburg State University Irene Ransom Bradley School of Nursing MSN 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.

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

**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.

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

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

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

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Name

Title

Business Affiliation

Street Address

City

State

Zip Code

Daytime Phone Number

E-Mail

Signature of Professional Reference

Date