

Pittsburg State University

Pittsburg, KS

Dear MSN Education Applicant:

Thank you for your interest in the Irene Ransom Bradley School of Nursing at Pittsburg State University. Graduate study is important in preparing nurses for advanced nursing roles. Our school offers a focused Master's in Nursing with an Education Emphasis. Graduates will be prepared to take The Certified Nurse Educator^{CM} (CNE) Examination upon completion of the program. We are proud of the quality of our nursing programs. By adding the Education Emphasis, the School of Nursing is striving to meet its goal of preparing nurse educators for local and regional healthcare needs.

Pittsburg State University is accredited by The Higher Learning Commission: A Commission of The North Central Association of Colleges and Schools. The Higher Learning Commission (HLC) is an independent corporation that was founded in 1895 as one of six regional institutional accreditors in the United States. The HLC accredits degree-granting post-secondary educational institutions in the North Central Region of the United States.

The Bachelor of Science in Nursing, Master of Science in Nursing and Doctor of Nursing Practice programs at the Pittsburg State University Irene Ransom Bradley School of Nursing are accredited by the Commission on Collegiate Nursing Education, 655 K Street, NW, Suite 750, Washington, DC 20001, 202-887-6791. The Commission on Collegiate Nursing Education, an autonomous arm of the American Association of Colleges of Nursing, is officially recognized by the U.S. Secretary of Education as a national accreditation agency.

The Bachelor of Science in Nursing and Doctor of Nursing Practice programs are approved by the Kansas State Board of Nursing, Landon State Office Building, 900 SW Jackson Street, Suite 1051, Topeka, Kansas 66612-1230; 785-296-4929.

All current and prospective Master of Science in Nursing applicants will be considered for admission based on both admission requirements and resource availability. Application deadline for first consideration for admission to the nursing program is March 15th for summer or fall enrollment and October 15th for spring enrollment. Applications will be accepted until 4:30 PM on these dates, if they fall on a Saturday or Sunday, acceptance will extend to Monday at 4:30 PM. Applications that meet all requirements are reviewed by Graduate Nursing Faculty and ranked based on Undergraduate GPA, Critical Thinking Test Results, References, and Writing Sample.

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

Sincerely,



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

Admission Requirements for the School of Nursing, Master of Science in Nursing Program with Education Emphasis: (Failure to submit all items will result in an incomplete application that will not be reviewed)

1. Pittsburg State University **Graduate School Application** (\$35.00 application cost). You may access the application online at <http://www.pittstate.edu/office/graduate/>
2. Pittsburg State University School of Nursing **MSN Education Emphasis Application Graduate Program Application Fee** \$135.00 (payable to the School of Nursing).
Upon receiving your MSN Education Emphasis application and application fee, you will be sent critical thinking pre-testing instructions to the e-mail you provided on your application.
3. Confirmation of an undergraduate GPA of at least 3.0 (based on a 4.0 scale). Admission may be granted to applicants with an undergraduate GPA of 2.7 to 2.999 on a space available basis. Undergraduate GPA is one criterion for ranking applicants.
4. Three confidential reference forms from:
 1. Immediate Nursing Supervisor
 2. Faculty professor from BSN program
 3. Professional reference able to assess your professional characteristics as listed on the reference forms.Please do not ask for references from family, friends, ministers or persons not in the field of healthcare. Please supply the reviewer with a stamped envelope pre-addressed to Pittsburg State University, School of Nursing, 1701 S. Broadway, Pittsburg, KS. 66762. References are used as criteria for ranking applicants.
5. A graduate of a nationally accredited baccalaureate nursing program.
6. Resume including documentation of all work experience as a registered nurse.
7. Documentation of current nursing practice—a letter from your employer.
8. Evidence of completion of prerequisite courses (**undergraduate research and physical health assessment content**). If the applicant did not take a specific course entitled research or physical health assessment, the applicant must provide evidence that the content was included in their undergraduate program, if in question please verify prior to applying.
9. An applicant who is born outside of the United States is required to submit proof that he or she has taken and passed the TOEFL iBT (Test of English as a Foreign Language-Internet Based Test). **Each area must meet the minimum requirement.** Minimum scores for the TOEFL iBT are as follows: Writing-20; Speaking-20; Reading-19; Listening-20, for a total of 79.
10. Evidence of **current Kansas RN license**. Graduate nursing students are required to be licensed as a Registered Nurse in the State of Kansas as well as any additional state in which clinical experience occurs. In July 2019, Kansas joined the Nurse Licensure Compact, so this requirement may be met via the compact.
11. Evidence of current BLS (Basic Life Support) certification.
12. **Unconditional** Admission to the Pittsburg State University Graduate School for graduate study.
13. A writing sample on 1) past experiences in nursing which are to include purpose for undertaking or continuing graduate study, 2) reasons for wanting to study at Pittsburg State University, and 3) professional plans and career goals. Writing sample is evaluated by Graduate Nursing Faculty and used as criteria for ranking applicants. This should be a typed, 12 point font, 1 inch margin writing sample, submitted with your application. Specifically address the 3 topics above by heading.
14. A personal interview may be required.
15. Self-report of arrests, convictions, diversions, or disciplinary action against licenses, certifications, and/or registrations are required. Applicants with a criminal history (includes diversions, misdemeanors, felonies) as well as arrests for which action is still pending will be evaluated on an individual basis, with no guarantee of admission.
 - o **Disciplinary Action:**
The Pittsburg State University nursing program requires applicants and admitted clinical nursing students to: Notify the School of Nursing in writing of any disciplinary action against all 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, disciplinary sanction from any branch of the military. See MSN Ed Program Guide for full disclosure.
16. Applicants are required to purchase a background check through CastleBranch. This is a National Background Check in your current state of residence. Also required is a signed consent for background check form for the school of nursing and if you are NOT a resident of Kansas you are required to complete a KBI background check form. The application packet specifies cost amounts to be remitted.

PITTSBURG STATE UNIVERSITY SCHOOL OF NURSING
GRADUATE ADMISSION REQUIREMENTS

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

Checklist for Application

- Step 1.* ___ Pittsburg State University Graduate School Application for Admission must be completed and submitted along with all official transcripts of college work to the Continuing and Graduate Studies Office, 112 Russ Hall. (\$35.00 University Graduate School Application Fee).
- Step 2.* ___ The Pittsburg State University School of Nursing MSN-Education Emphasis Application. Nursing Graduate Program application must be completed and submitted to the School of Nursing along with all official transcripts of college work and all required fees and/or costs. (\$135.00 Nursing Application Fee).
- Step 3.* ___ Three confidential letters of reference must be submitted to the School of Nursing from applicants. One reference from immediate nursing employment supervisor(s), one reference from the applicants BSN program faculty, and one other professional reference. Students are encouraged to call the School of Nursing prior to application due dates to verify that references have been received.
- Step 4.* ___ Resume including documentation of all work experience as a registered nurse.
- Step 5.* ___ A letter must be submitted to the School of Nursing from your employer validating your current nursing practice. This letter should be sent to: Pittsburg State University, School of Nursing, 1701 S. Broadway, Pittsburg, KS. 66762
- Step 6.* ___ Evidence of completion of prerequisite courses (**undergraduate research and physical health assessment content**). Specific course in Research and Physical Health Assessment must be on transcripts, if unsure please verify prior to applying. If content was covered in another course, documentation with syllabus or other material must be **provided and approved prior to application deadline**.
- Step 7.* ___ An applicant born outside of the United States is required to submit proof that he or she has taken and passed the TOEFL iBT (Test of English as a Foreign Language-Internet Based Test). Minimum scores for the TOEFL iBT are as follows: Writing-20; Speaking-20; Reading-19; Listening-20, for a total of 79. **Each area must meet the minimum requirement.**
- Step 8.* ___ Evidence of current RN Licensure in the State of Kansas and RN license in state of current nursing practice.
- Step 9.* ___ Evidence of current BLS certification. NOTE: Advanced Cardiac Life Support (ACLS) with hands-on component is required prior to enrollment in NURS 804 Advanced Health Assessment Practicum.
- Step 10.* ___ Applicants are required to purchase a background check through <https://mycb.castlebranch.com/>. This is a National Background check in the applicant's current state of residence. Read thoroughly and follow the directions on the CastleBranch order instruction form in your application packet.
- If you are a NON-RESIDENT of 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 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.*
- Step 11.* ___ Submission of typed writing sample, sent with your MSN-Education application, with 3 specific areas addressed.
- Step 12.* ___ Check email for information on authorization to complete standardized testing for Critical Thinking.
- Step 13.* ___ A personal interview may be required.

Admission is based on completion of all application requirements and then ranked by Graduate faculty based on Undergraduate GPA, Critical Thinking results, References, and Writing Sample.

Steps to be Followed After Acceptance

MANDATORY MSN Orientation You Tube and Canvas Orientation will be sent to students, this needs to be completed prior to starting your first semester of MSN courses.

- Step 1.* The applicant will receive a letter of admission and be assigned an advisor.
- Step 2.* The applicant is responsible for contacting the advisor for advisement and enrollment. **The applicant must plan a program of study in consultation with the advisor prior to enrollment in the first semester as a graduate student.**
- Candidacy must be completed after the student has completed 9 to 12 hours of graduate course work and has been fully admitted.
- Step 3.* Materials Cost - \$100.00 **per semester** equipment/technology cost per student will be collected at the beginning of **each semester**.
- Step 4.* Students are required to pay for and take a standardized post-test prior to graduation from the program.
- Step 5.* Upon admission students are required to:
- Purchase a Student Photo ID Badge. (\$10.00)
 - Pay for a student liability insurance policy. (\$15.00)
 - Provide documentation of current immunizations.
- Step 6.* Students must adhere to all policies of the PSU Student Handbook.
- MSN 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 Graduate Committee.
 - Hair is to be well groomed, clean in appearance, and worn back away from the face at all times while working with clients and fastened to prevent hair from falling forward. A pony tail may not be adequate to prevent hair from falling forward. Extreme hairstyles will not be permitted in clinical settings. Examples of extreme hairstyles may include, but are not limited to, Mohawk, reverse Mohawk, and atypical hair color. Only functional hair bows, bands, or clips will be permitted in the clinical setting.
 - Clinical instructors reserve the right to consider a dress code violation as unsatisfactory performance and hours for that clinical day will not count towards total clinical hours.



Pittsburg State University

Pittsburg, KS

MSN-Education Emphasis Application

Admission: Spring Summer Fall (circle your choice) **Year to Start** _____

Name: _____
Last Name First Name Middle Initial Maiden Name

Address: _____ Phone (____) _____
Street Name/Number City St. Zip Code

Email Address: _____ Cell Phone (____) _____

Ethnicity: American Indian White/Caucasian Asian American Hispanic Multi-Racial Other

Employer and Address: _____ Phone (____) _____

Kansas RN License # _____ State(s) Licensed In _____

In case of emergency, contact: Name: _____ Address: _____

Name and location of Institution	Major	Attended from/to	Degree	Year
<i>Work Experience: Begin with most recent.</i>				
Name and location of institution	Position	Dates 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 misdemeanors, diversions, felonies, and arrests for which action is still pending).

Describe all criminal history: _____

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

If yes, describe: _____

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

10. Place of Birth: City _____ State _____ Country _____

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

State/Country: _____	From: _____	To: _____
State/Country: _____	From: _____	To: _____
State/Country: _____	From: _____	To: _____
State/Country: _____	From: _____	To: _____

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

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

Signature _____ Date _____

<u>How did you hear about this program? Circle one:</u> Webpage Alumni Social Media
Recruitment Event Other _____

Return to:

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

With copies of: KS Nursing License or Multi State License and BLS Certification.

The MSN Education Emphasis Program guide and MSN Education Emphasis Student Handbook can be found on the Pittsburg State University School of Nursing website



Order Instructions for **Pittsburg State University - Nursing**

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 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.

Kansas Central Repository
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:

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) _____

CONSENT TO RELEASE OF CRIMINAL HISTORY INFORMATION

READ CAREFULLY BEFORE SIGNING

I acknowledge that my acceptance into the Irene Ransom Bradley School of Nursing at Pittsburg State University is dependent upon meeting all of the requirements of the school. One of those requirements is to be free of any criminal history that would indicate a potential for violence against another person or substance abuse. I release University officials from any potential claim or liability related to the appropriate use of this information.

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

By my signature below I acknowledge and agree that I consent to the access and release of any records maintained by any local, county, state or national law enforcement unit, including, but not limited to the Kansas Bureau of Investigation and the Social and Rehabilitation Services Child Abuse and Neglect Central Registry. I also agree to incur the cost of the investigation.

(Name)

(Date)

(Other name (Alias) used, if any)

(Parent or Guardian, if a Minor)

(Date)

Pittsburg State University

—Pittsburg, KS—

To the applicant:

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

1. **Immediate Nursing Supervisor.**
2. **Faculty professor from BSN program.**
3. **Professional reference able to assess your professional characteristics as listed below (references from friends, relatives, ministers, or persons not in the field of healthcare are not accepted).**

****Applicant please circle which category 1, 2 or 3 the reference matches.**

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

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

Applicant's Name: _____ **Applicant's Signature:** _____

To the reviewer: The person listed above is applying for admission to the Pittsburg State University Irene Ransom Bradley School of Nursing MSN-Education Emphasis 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 South Broadway, Pittsburg, Kansas 66762. Please seal and sign with your signature over the envelope seal. Thank you!

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

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

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

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

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

Name (please print)		Title and Business Affiliation	
Street Address			
City	State	Zip Code	
Daytime Phone Number		E-Mail	
Signature of Reviewer		Date	

Pittsburg State University

—Pittsburg, KS—

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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.

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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.

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

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Street Address			
City	State	Zip Code	
Daytime Phone Number		E-Mail	
Signature of Reviewer		Date	