



Irene Ransom Bradley School of Nursing
1701 South Broadway
Pittsburg, Kansas 66762
McPherson Hall, Room 101

Dear Prospective RN Student:

Thank you for your interest in applying for admission to the RN-BSN program offered by the Irene Ransom Bradley School of Nursing at Pittsburg State University.

We are proud of the quality of our nursing programs. The baccalaureate degree in nursing, master's degree in nursing, and doctor of nursing practice degree at Pittsburg State University are accredited by the Commission on Collegiate Nursing Education, 655 K Street, NW, Suite 750, Washington, DC. 20001 PH: (202) 463-6930, (<http://www.aacnnursing.org/CCNE>).

The baccalaureate degree in nursing, master's degree in nursing, and doctor of nursing practice degree at Pittsburg State University 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.

Enclosed you will find an application packet. Attached is a check sheet-listing items that must be completed or sent with your application. It is the responsibility of the applicant to be sure all items on the check sheet are complete.

If you have any questions about our program, please feel free to contact us at 620-235-4431. We wish you well with your future academic and professional nursing goals.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheryl Giefer". The signature is fluid and cursive, with a long horizontal line extending to the right.

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

INSTRUCTIONS AND CHECK SHEET FOR APPLICATION TO THE SCHOOL OF NURSING
RN-BSN PROGRAM
PITTSBURG STATE UNIVERSITY

Please read carefully.

- **Failure to complete any part of the required forms or submit required fees may VOID your application and affect your admission to the School of Nursing. For first consideration, applications for admission for the Fall Semester should be postmarked by March 15th. Applications of the Spring semester should be posted marked by November 15th.**
- Late applications submitted after March 15 or November 15 will be considered up until three weeks before the start of classes each semester on a space available bases.
- Applications are date stamped and numbered as they are received by the School of Nursing. If the number of applications received each semester should exceed the number of qualified applicants that can be admitted (due to available resources) the date completed applications are received may be considered in the admission process.
- **RN License:** All applicants are required to have a Kansas Recognized Nursing License (multi-state compact license). If an applicant is currently completing an Associate of Nursing Degree, they may be conditionally admitted to the program pending documentation of licensure as a registered nurse.
- **Employer Documentation:** All applicants are required to submit a letter, on official letterhead from their current employer verifying 3 months current practice as a registered nurse.
 - If an applicant is currently completing an Associate of Nursing Degree at the time they are submitting their application, they must submit a letter from their employer on official letterhead by September 27th or February 27th indicating three months current practice in the role of a registered nurse.

Completed applications must include the following:

1. An application for admission to Pittsburg State University following instructions provided at <https://go.pittstate.edu/ug.admit.form.html>
2. Submission of **ALL** official transcripts from each college or university attended mailed or sent electronically to Pittsburg State University, Office of the Registrar, 1701 S. Broadway, Pittsburg, KS. 66762
registrar@pittstate.edu
3. Completed application for admission to the School of Nursing RN-BSN track. Can be downloaded at <https://academics.pittstate.edu/academic-programs/school-of-nursing/rn-to-bsn-nursing-online-degree.html>
Application must be mail to Irene Ransom Bradley School of Nursing 1701 S. Broadway, Pittsburg, KS 66762 with an **enclosed check for \$100.00** payable to Pittsburg State University School of Nursing.
4. Three satisfactory professional references from academic advisors, employers or faculty (references from friends, relatives & ministers are not acceptable references). Reference form is include with application packet. Completed reference forms can be include with application, mailed separately or fax to 620-235-4449.

5. Sign and return the enclosed Consent for Background Check form to Pittsburg State University, School of Nursing, 1701 S. Broadway, Pittsburg, KS. 66762 (This form may be returned with your application for admission).
7. Purchased background check through Castlebranch for permanent state of residence. (Read thoroughly and follow the directions on the Castlebranch student instruction form in your application packet). This is a National Background check in the applicant's current state of residence. The application packet specifies fee amounts to be remitted.
8. 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 Kansas Central Repository Certified Record Check Request Form please call 620-235-4431.
8. A personal interview may be required.
9. Application and payment of all fees are applicable for only one academic year.
10. All students will participate in the standardized testing program that includes a pretest and a post test.
11. A grade of C or above is required in all of the following courses and their labs if course credits are to be used for completion of BSN degree: Anatomy and Physiology, Microbiology, Introduction to Chemistry or Biology or Environmental Life Science, College Algebra or Elementary Statistics or Quantitative Reasoning, General Psychology, Developmental Psychology or Lifespan Human Development, and Introduction to Sociology. Any student request for exception or waiver of any published admission requirement including but not limited to specific course requirements listed above must be made in a formal letter and addressed to the Director of the School of Nursing and the RN-BSN Coordinator.
12. Self-report of arrests, convictions or diversions is 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 BSN 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 BSN student may result in not being admitted, being suspended until legal issue is resolved or dismissal from the program.
13. 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 BSN students must report new 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 BSN student may result 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.

Applicant's Check list:

- _____ 1. Completed an application and paid fee of \$30 to Pittsburg State University (unless previously admitted or currently enrolled at Pittsburg State University). Follow instructions provided at <https://go.pittstate.edu/ug.admit.form.html>
If previously admitted to PSU contact the Admissions Office to have your records reactivated.
- _____ 2. Arranged for official transcripts from each college or university attended to be mailed sent electronically to Pittsburg State University, Office of the Registrar, 1701 S. Broadway, Pittsburg, KS. 66762 including transcript with your posted Associate Nursing Degree (ADN) from an accredited nursing program.
- _____ 3. Completed and mailed application for admission to the School of Nursing RN-BSN Program **with an enclosed check for \$100.00** payable to Pittsburg State University School of Nursing.
- _____ 4. Filled out top of three reference forms. Checked the *waive or do not waive box and sign the waiver right to access. **Be sure to include your name at the top of all forms.**
- _____ 5. Distributed reference forms to three individuals. **References from employers, faculty or academic advisors are preferred.** (References from friends, relatives, or ministers are **not** acceptable references).
- _____ 6. Asked individuals completing references to complete the form, place in an envelope, seal, 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
Reference forms can also be Fax to 620-235-4449
*If you waive right to see completed reference, this waiver applies only to these references and NOT future references. This is in compliance with federal law P.L. 93-380 Family Education Rights and Privacy Act of 1974).
- _____ 7. **Employer Documentation:** Applicants document three months nursing practice by submitting a letter from your employer on letterhead with a start date noted.
- _____ 9. Signed and returned Consent to Release Criminal History Information form.
- _____ 10. Purchase a background check through Castlebranch for permanent state of residence.

*** An Additional Background Check for Non-residents of Kansas**

- * _____ 11. Completed form for Kansas Bureau of Investigation (KBI) Criminal Background Check if required.
- _____ 12. A personal interview may be required.

_____ **Deliver or Mail your completed application, forms, references and fees to:**
Pittsburg State University; School of Nursing 1701 South Broadway; Pittsburg, KS 66762

School of Nursing
Registered Nurse
Application for Admission

NOTE: Completed application and all fees must be paid by March 15 or November 15 for first consideration for admission to Fall semester or Spring semester.

Semester applying to start program: Fall _____ date _____ Spring _____ date _____

Please complete:

I am planning to attend:

Full-time (complete nursing and remaining Pitt State Pathway (general education) courses in **one year** _____

Part-time: Two years: _____ Three years: _____ More than three years: _____

I am licensed in the states of: Multi-state ___ KS only ___ MO only ___ OK only ___ AR only ___ Other ___

My license number(s) is/are _____.

Name in Full (**no initials**): _____
(Last) (First) (Middle Name) (Maiden)

Address: _____
(Street) (City) (State) (Zip Code)

Cell Phone: _____ Work: _____

E-Mail _____

1. Indicate which Associate Degree in Nursing you have or will have when you start our BSN program.

Associate Applied Science _____ Associate of Science _____

If you have any degree in another area, please specify: _____

2. List all colleges/universities attended.

1. _____ 2. _____

3. _____ 4. _____

Send official transcripts from all colleges attended directly to Pittsburg State University, Office of the Registrar, 1701 S. Broadway, Pittsburg, KS. 66762

3. Place of Birth _____
City State Country

If you have a criminal history including diversions, misdemeanors, felonies, as well as arrests for which action is still pending, contact Dr. Cheryl Giefer, Director at 620-235-4431 as soon as possible.

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

4. I do I do not have a criminal history including diversions, misdemeanors, felonies, as well as arrests for which action is still pending, against me.

Describe all criminal history: _____

5. I do I do not have disciplinary action against any licenses, certifications and/or registrations as well as disciplinary action by a state board or governmental agency. (Some examples are: Driver’s License; Fishing License; Hunting License; Day Care License; Nursing Home Administrator License; Nursing License in Kansas or another state; CNA/CMA/HHA certification; School Teacher certification; and, dishonorable discharge or other than honorable discharge from any branch of the military or disciplinary sanction from any branch of the military.)

If disciplinary action has ever been taken against your driver’s license or other license, registration or certification, in Kansas or any other state, (for any reason), you are required to provide an explanatory letter regarding the disciplinary action (s) taken against your driver’s license or other license, registration or certification. **EXPLANATORY LETTER:** You are REQUIRED to submit an explanatory letter regarding EACH conviction and/or disciplinary/administrative action.

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 documents.

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

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

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

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

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

Pittsburg State University • School of Nursing
1701 S. Broadway, Pittsburg, KS. 66762

Print your reference name here: _____

Print your name here: _____

- 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				
Appearance				
Sociability				
Motivation/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)?

Comments: _____

Name: _____ Title: _____ Employer: _____

(Please Print)

Address: _____ Phone: _____

Signature: _____ Date: _____

Pittsburg State University • School of Nursing
1701 S. Broadway, Pittsburg, KS. 66762

Print your reference name here: _____

Print your name here: _____

- 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				
Appearance				
Sociability				
Motivation/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)?

Comments: _____

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

Address: _____ Phone: _____

Signature: _____ Date: _____

Pittsburg State University • School of Nursing
1701 S. Broadway, Pittsburg, KS. 66762

Print your reference name here: _____

Print your name here: _____

- 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				
Appearance				
Sociability				
Motivation/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)?

Comments: _____

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

Address: _____ Phone: _____

Signature: _____ Date: _____

CONSENT TO RELEASE OF CRIMINAL HISTORY INFORMATION

READ CAREFULLY BEFORE SIGNING

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

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

By my signature below I acknowledge and agree that I consent to the access and release of any records maintained by any local, county, state or national law enforcement unit, including, but not limited to 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 name (Alias) used, if any)

(Parent or Guardian, if a Minor)

(Date)

CastleBranch

Order Instructions for

Pittsburg State University – School of Nursing Applicants

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

Package Code **IS30: Background Check**

About

About CastleBranch

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

You will return to your account by logging into castlebranch.com 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 FormRegular 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:

[] \$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) _____