



ADMISSION PACKET

School of Nursing BSN - DNP Program

The Doctor of Nursing Practice (DNP) program at Kentucky State University is a 72 credit hours (9 semesters) BSN-DNP online program with emphasis in Gerontology. Courses are completed online and clinical/residency hours are to be completed in the student's region with an approved preceptor/mentor. Course content is based on the DNP Essentials.

Admission criteria for applicants with a BSN:

- Earned baccalaureate degree in nursing (BSN) from a program accredited by the Accreditation Commission for Education in Nursing (ACEN) or the Commission on Collegiate Nursing Education (CCNE).
- GPA 3.0 or above on a 4.0 scale
- Resume or Curriculum Vitae
- Unencumbered, active registered nurse (RN) license in state where practicums will be conducted
- Undergraduate statistics course
- Transcripts from all post-secondary institutions
- Three letters of reference pertaining to academic ability, professional competency, nursing leadership potential and personal character
- Personal Statement

**Note: GRE scores are not required.*



ADMISSION CHECKLIST

School of Nursing

The application items listed below must be completed and submitted together as one complete packet. Use this checklist to make sure all items are included.

- Application
- Resume or Curriculum Vitae
- Transcripts from all post-secondary institutions attended
- Completed application to KSU Office of Graduate Studies
- GPA 3.0 or above on 4.0 scale
- Unencumbered, active registered nurse (RN) license in state where practicums will be conducted.
- Undergraduate statistics course
- Three (3) letters of reference (and reference forms) pertaining to academic ability, professional competency, nursing leadership potential and personal character
- Personal statement

Other items needed:

- Immunizations:** In addition to the health history form submitted to the University Student Health Services, each nursing student must have a completed School of Nursing immunization form on file. All immunizations required by the clinical facility must be current. The enclosed immunization form must be completed and returned to the School of Nursing.
- Cardiopulmonary Resuscitation:** Students must maintain current BLS for the Healthcare Provider (CPR/AED) certification throughout the nursing program. This training must be from an approved American Heart Association curriculum. Sherri Coles (859-338-9716), Johnnie Leonard (502-330-5869) and Greg Moore (502-227-7071) are available to provide certification. You are required to submit a copy of your current CPR/AED card to the School of Nursing (**copy of front & back**).
- Criminal Background Check*:** Clinical agencies require students to complete a criminal background check before starting clinical experiences and reserve the right to deny clinical placement based upon information obtained. In accordance with this policy, the School of Nursing requires that each student submit an updated criminal background check to the School of Nursing annually.

You are required to complete a Criminal Background Check through American DataBank at a cost of **\$34.00**. To initiate your background check, go to the website www.kysubbackgroundcheck.com and follow the three step process.

- Health form:** Completed health history form must be submitted to the Student Health Center per university requirement.

***You must request a personal copy of your background check from American DataBank. You will be required to give a copy to the School of Nursing and clinical site(s).**



Application for Admission – BSN - DNP program

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Social Security Number/Identification Number:

Gender Male Female

Date of Birth (MM/DD/YYYY)

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Visa Status Permanent Residence Country

Residency: Is Kentucky your state of legal residence? Yes No How long have you resided in KY?

Indicate Ethnicity (This information is voluntary and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws)

- A. African American/Black B. American Indian/Alaskan Native C. Caucasian/White D. Asian American/Pacific Islander E. Hispanic F. Other Ethnic Group

RN Licensure: State License Number Expiration Date

Education

List all institutions (colleges, universities (including KSU), and professional schools attended. Applicants must include all institutions, regardless of the number or type of credits taken, terms attended, or whether transfer credit are reflected on another transcript.

High School: Address:

From: To: Did you graduate? YES NO Diploma:

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three persons acquainted with your academic experiences, whom you have requested to send letters of reference.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

List other relevant activities since high school (employment, military service, etc.). You may omit summer and part-time work.

Company: _____ Phone: _____

Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that any misrepresentation of facts on this application could be cause for refusal of admission, no transfer credit, suspension, and/or expulsion from the University, if discovered subsequently. Furthermore, I understand that if I have a prior academic record at the University under a different name, that record will be changed to reflect the name on this application.

Signature: _____ Date: _____

Letters of Recommendations

Three letters of recommendation are required
One (1) Nursing Faculty and Two (2) Nursing Professionals

Please copy form as necessary

To the Recommender: Please complete this recommendation form and an accompanying letter of recommendation as quickly as possible. In your letter, please assess the application's potential for doctoral study. You should provide examples of how the applicant's intellectual ability, maturity, leadership, interpersonal, oral, and quantitative skill support your ratings and recommendations.

When you have completed and signed the recommendation and letter, please place them in an envelope, seal the envelope, sign your name across the sealed flap, and return the recommendation form and letter **to the applicant** for inclusion in the application packet.

The applicant must submit all recommendations together.

**Kentucky State University
School of Nursing
BSN - DNP Program
Recommendation of Applicant**

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Social Security Number/Identification Number: _____

Note: Student may waive any right of access of this Recommendation of Applicant form under the Family Educational Rights and Privacy Act of 1974. This Act entitles students to inspect their records, including recommendations.

I, _____, waive the above right of access.

1. How long have you know the applicant? Years: _____ Month: _____
2. Are you familiar with the applicant's academic ability? _____ If yes, How would you rate him/her? Top 10% _____ Top 25% _____ Top 50% _____ Lower 50% _____
3. Are you familiar with the applicant's job performance? _____ If yes, How would you rate him/her? Excellent _____ Above Average _____ Average _____ Below Average _____
4. Would you recommend this applicant for graduate school? YES NO

If your answer was yes, please write a brief statement explaining why: _____

If your answer was no, please write a brief statement explaining why: _____

5. How would you rate the applicant on the following:

Criteria	Excellent	Good	Fair	Average	Poor	Unable to Rate
Intellectual Ability						
Maturity						
Motivation						
Leadership Ability						
Interpersonal Skills						
Oral Skills						
Writing Skills						
Quantitative Skills						

Recommendation by: _____
(Please type or print)

Signature: _____ Date: _____

Employer: _____ Title: _____

Telephone Number: _____

Please return completed form and reference letter to the applicant.

CONFIDENTIAL INFORMATION

Name _____

ID # _____

Kentucky State University
 School of Nursing
 BSN – DNP program
Mandatory Immunization Form

Our clinical sites require that nursing students have a record of the following tests. Each item on this form must be completed and signed by a physician and return to the School of Nursing. The examination must include the following tests and updated immunizations. **A copy of all lab results must be submitted with this form.**

Name of Test	Date	Results	Physicians Signature
Acelluar Tetanus Diphtheria with Pertussis (Td/Tdap)	Tdap _____ Td Booster (every 10 years) _____		
Tuberculin Skin Test (valid for 1 year)		Reading in millimeters (circle): 0 1 2 3 4 5 or _____	
Chest x-ray (only if TB skin test positive)			
Polio Vaccine (must have booster (IVP) if date of immunization is unknown)			
MMR	1. _____ 2. _____		
Rubeola Titer (only if do not have 2 MMR shots)		Titer:	
Rubella Titer (only if do not have 2 MMR shots)		Titer:	
Mumps Titer (only if do not have 2 MMR shots)		Titer:	
Rubella Vaccine (only if Rubella Titer does not indicate immunity)			
Hepatitis B Vaccine (required or a waiver must be signed)	Injections (dates): 1. _____ 2. _____ 3. _____		
Varicella Vaccine (2 doses) OR Varicella Titer			
Meningococcal (1 dose - up to age 26)			

List all current medications and reason for taking: _____

Revised: 2014