

ARKANSAS STATE UNIVERSITY
School of Nursing

APPLICATION FOR ADMISSION TO THE MSN PROGRAM

PRINT OR TYPE-ANSWER EVERY QUESTION

1. NAME _____
Last First Middle (Maiden)

2. Permanent (Home) Address _____

3. Telephone: Permanent: _____ Work Phone: _____ Cell Phone: _____

4. Birth date: _____ ID Number: _____

5. E-Mail: _____

6. List previous colleges attended and indicate any previous degrees earned:

BSN Completed: No _____ Yes _____ Year _____ RN License # _____

Name of Accredited School of Nursing Attended: _____

7. Applying for: Full-time _____ Part-time _____ study.

8. Are you applying for:
Family Nurse Practitioner Option _____
Post Masters FNP _____
Nurse Educator Option _____
Nurse Educator Certificate _____
Nurse Administrator Option _____
Nurse Administrator Certificate _____

9. Do you already have a Master's degree with a Nursing Major? No ___ Yes ___

10. Are you currently an APRN? No _____ Yes _____

The above information is true to the best of my knowledge.

Signature

Date

Return all application items and supporting documentation to:

Arkansas State University, MSN Program ATTN:
Nathaniel Frank
Box 910
State University, AR 72467

HAVE YOU ATTACHED:

1. ___ General Application to the MSN Program
2. ___ Vita or Resume
3. ___ Verification of clinical practice form
4. ___ Verification RN license
5. ___ Future Professional Goals

HAVE YOU SENT:

1. ___ Work Reference to appropriate parties (**AT LEAST 3**)
2. ___ ASU Graduate School Application fee, and transcript request to the ASU Graduate Office.
(Faculty reference required if you have not worked 2 full years)

**ARKANSAS STATE UNIVERSITY
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VERIFICATION OF CLINICAL PRACTICE

PART I: To be completed by Applicant

Applicant's Name _____ ID Number _____

Describe your nursing care of clients within the past 5 years by addressing the following:

Name and type of agency _____

Address of agency _____

If agency was an acute care agency or hospital, describe focus of unit

Types of clients: _____

Length of time employed _____ Dates of employment _____

PART II: To be completed by an immediate supervisor:

Name (Print) _____

Your position with the agency _____

Your relationship with the applicant _____

In the space below please address the patient/client population that the above graduate school applicant has cared for within your agency or institution.

I hereby certify that the above description of clinical practice of the above applicant is correct.

Signature: _____

Business Address: _____

Business Telephone: _____

SCHOOL OF NURSING

Medical Professional Work Reference from HealthCare Provider

MAKE COPIES AS NEEDED

This section to be completed by the applicant:

The family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to recommendations. The choice of the applicant regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.

_____ I do waive recommendation _____ I do ***not*** waive my right to inspect the contents of the
 following recommendation

Signed _____ Date _____

Statement concerning: _____

**TO BE COMPLETED BY THE PERSON SERVING AS A REFERENCE
 (Please place in a sealed envelope and sign it across the seal)**

Name: _____ Position: _____
 (Please

Place of Employment: _____ Business Phone: _____

Length of time you have known the applicant: _____

In what capacity have you known the applicant? (Please check all that apply).

- _____ Personally
- _____ As an employee
- _____ As a professional colleague
- _____ Only casually
- _____ As a student
- _____ Other (Please explain)

Place a check by **ONE** statement in each category that **BEST** represents this applicant.

1. Intellectual Curiosity & Innovativeness	2. Written Communication Skills
___ A follower; accepts things as they are Rarely asks meaningful questions or generates new ideas ___ Raises some questions and tries to set forth new ideas ___ Intellectually curious; frequently generates new ideas ___ Outstanding ability to generate new ideas; great intellectual curiosity ___ Not able to judge	___ Unable to express ideas clearly in writing ___ Has some trouble with logical order, grammar/punctuation ___ Uses correct grammar and punctuation but has trouble with logical order ___ Expresses ideas logically and succinctly in writing most of the time ___ Outstanding in the written expression of ideas ___ Not able to judge

3. Oral Communication Skills	4. Sensitivity to Others
<input type="checkbox"/> Inarticulate; ideas not presented clearly <input type="checkbox"/> Weak in oral skills including command of language and articulation <input type="checkbox"/> Articulates fairly well, but order of ideas is not always logical <input type="checkbox"/> Good in articulating ideas clearly and logically <input type="checkbox"/> Very articulate; outstanding command of language <input type="checkbox"/> Not able to judge	<input type="checkbox"/> No concern for ideas or needs of others, antagonistic <input type="checkbox"/> Has trouble being respectful of others ideas or needs; rarely tactful <input type="checkbox"/> Tends to be respectful of others ideas and needs <input type="checkbox"/> Usually considerate and tactful <input type="checkbox"/> Very alert and tactfully responsive to others' needs and ideas <input type="checkbox"/> Not able to judge
5. Group Skills	6. Reliability
<input type="checkbox"/> Never contributes toward group goals <input type="checkbox"/> Interferes with attainment of group goals <input type="checkbox"/> Has some difficulty as a member/leader of group <input type="checkbox"/> Often regarded as a constructive group member/leader by peers <input type="checkbox"/> Very effective as a leader/member in assisting group toward constructive goals <input type="checkbox"/> Not able to judge	<input type="checkbox"/> Neglects following through with obligations/appointments <input type="checkbox"/> Work is incomplete, carelessly done <input type="checkbox"/> Completes work carefully, but with prodding <input type="checkbox"/> Meets obligations independently most of the time <input type="checkbox"/> Thoroughly reliable; needs no supervision <input type="checkbox"/> Not able to judge
7. Perseverance	8. Accountability
<input type="checkbox"/> Gives up without trying <input type="checkbox"/> Becomes discouraged easily when working toward goals <input type="checkbox"/> Works on goals which are easily attainable but avoids difficult goals <input type="checkbox"/> Is always persistent in pursuing all goals <input type="checkbox"/> Not able to judge	<input type="checkbox"/> Projects blame on others as reason for own actions <input type="checkbox"/> Gives excuses for own actions <input type="checkbox"/> Nearly always accepts responsibility for own actions <input type="checkbox"/> Thoroughly accountable for own actions <input type="checkbox"/> Not able to judge
9. Response to Stressful Situations	10. Ability to Make Decisions
<input type="checkbox"/> Remains withdrawn, angry, confused, unrealistic, or depressed when under pressure <input type="checkbox"/> Has difficulty proceeding constructively <input type="checkbox"/> Tries to proceed constructively; occasionally is withdrawn or angry <input type="checkbox"/> Self-controlled, rarely loses temper or withdraws <input type="checkbox"/> Not able to judge	<input type="checkbox"/> Totally indecisive <input type="checkbox"/> Has difficulty analyzing problems and arriving at decisions <input type="checkbox"/> Analyzes a situation correctly but has difficulty deciding on a course of action <input type="checkbox"/> Generally competent in making decisions and taking action on them <input type="checkbox"/> Excellent in considering consequences of decisions and taking appropriate action <input type="checkbox"/> Not able to judge

11. Toleration of Ambiguity	12. Potential for Graduate Study
<input type="checkbox"/> Always requires excessive details of assignments/exams in order to meet supervisor/instructor assignments <input type="checkbox"/> Is uncomfortable in less structured situations; seeks guidance inappropriately <input type="checkbox"/> Attempts to function with less structure and seeks guidance appropriately <input type="checkbox"/> Usually can function comfortably in less structured situations <input type="checkbox"/> Functions very effectively and comfortably without a rigidly defined, extremely imposed structure <input type="checkbox"/> Not able to judge	<input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Adequate <input type="checkbox"/> Weak
13. Considering all the individuals in this field whom you are personally acquainted, how would you evaluate this applicant?	14. Recommendation
<input type="checkbox"/> Upper 5% <input type="checkbox"/> Upper 25% <input type="checkbox"/> Middle 50% <input type="checkbox"/> Lower 25% <input type="checkbox"/> Lower 5%	<input type="checkbox"/> Not able to judge <input type="checkbox"/> Do not recommend <input type="checkbox"/> Neutral <input type="checkbox"/> Recommend <input type="checkbox"/> Strongly recommend

Briefly explain any decision other than *Strongly Recommend* or if unable to rate the student.

Other additional comments may be appended.

Signature

Date

Thank you for your time and assistance.

**Return To: Arkansas State
University ATTN:
Nathaniel Frank
MSN Program
Box 910
State University, AR 72467**

ARKANSAS STATE UNIVERSITY

Future Professional Goals

Instructions to applicants: Provide a one page typed description of your future professional goals and how the MSN Program will help fulfill your goals.

Name: _____

Date: _____

School of Nursing

Demographic Information Form-MSN Application Packet

We are required to supply the following information to various agencies. Data are reported as group data. Confidentiality will be maintained. These data are not used for admission purposes and are not considered in admission decisions.

Complete this form and return with your application to the Arkansas State University MSN Program, Department of Nursing Box 910, State University, AR 72467.

Name: _____ Date: _____

ID#: _____

County of Residence: _____

Employment:

Name of Agency: _____

Your Position Title: _____

Type of Agency:

- | | |
|--|---|
| <input type="checkbox"/> (1) Community Health Center | <input type="checkbox"/> (6) State/Local Health Dept. |
| <input type="checkbox"/> (2) Migrant Health Center | <input type="checkbox"/> (7) School of Nursing |
| <input type="checkbox"/> (3) Rural Health Clinic | <input type="checkbox"/> (8) Acute Care/Hospital |
| <input type="checkbox"/> (4) Native American/Tribal Health Service | <input type="checkbox"/> (9) Ambulatory Care Center |
| <input type="checkbox"/> (5) Home Health Agency | <input type="checkbox"/> (10) School Nurse |
| | <input type="checkbox"/> (11) Other |

Age: _____ Sex: (1) Male (2) Female

Race:

- | | |
|---|---|
| <input type="checkbox"/> (1) Black (Non-Hispanic) | <input type="checkbox"/> (4) Asian/Pacific Islander |
| <input type="checkbox"/> (2) Hispanic | <input type="checkbox"/> (5) White (Non-Hispanic) |
| <input type="checkbox"/> (3) Native American/Alaskan Native | <input type="checkbox"/> (6) Other _____ |

Number of people in your family of origin (the household you grew up in): _____

Did you grow up in a family with an annual income below a level identified by the Federal government as low-income?

(1) Yes (2) No (3) Unknown

Please access link for poverty level qualifications: <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>