1) Graduate Record Examination (GRE)  
Have official scores sent to Lincoln Memorial University (LMU) (Institutional reporting code is R1408). The GRE website is: [www.gre.org](http://www.gre.org). You can register online (with credit card), by phone (with credit card) or by mail. The test can be scheduled year round. On the website you can enter your zip code and find the test center nearest you. We strongly recommend that you prepare for the GRE using a review book, CDROM, or a GRE-prep class. It will improve your confidence and your score! NOTE: If English is not your native language, take the internet version of the Test of English as a Foreign Language (iTOEFL). The iTOEFL has reading, writing, listening and speaking components. The website for this exam is: [http://www.ets.org/toefl](http://www.ets.org/toefl). Have the official results sent to LMU Graduate Nursing Office.

2) Arrange for official transcripts to be sent.  
Have transcripts sent to LMU Graduate Nursing Office from each college/university/nursing program or school you have attended. Electronic transcripts should be sent to [patsy.bolden@lmunet.edu](mailto:patsy.bolden@lmunet.edu). Applicants may enclose official transcripts in a sealed envelope with their application.

3) Arrange for three (3) recommendations (see Graduate Applicant Rating Form)  
Consider nursing instructors, supervisors, or professional colleagues with graduate degrees. Provide each person with the form and an envelope. Ask them to complete the form, then to insert it in the envelope, seal the envelope and to sign across the seal and to return the signed, completed form in the signed sealed envelope to you. You should include the sealed recommendation forms (3) in your completed application packet and send to LMU Graduate Nursing Office.

4) Complete the DNP application form. Please complete and sign your application.

5) Attach your own resume  
Include employment history, military service, academic scholarships, awards and/or honors, professional memberships and awards, professional presentations or publications, and community service activities.

6) Write a letter to the DNP Admissions Committee  
In no more than three (3) typewritten pages, discuss your goals and reasons for wanting to undertake doctoral education. The letter should indicate the applicant’s career plans upon program completion.

7) Writing Sample  
Submit a writing sample describing a problem the applicant has identified in the practice setting and/or a published article authored by the applicant.

8) Enclose the non-refundable $50.00 application fee  
Your check/money order should be made payable to Lincoln Memorial University.

PLEASE SEND ALL REQUIRED MATERIALS TO:  
Lincoln Memorial University, Caylor School of Nursing  
Graduate Nursing  
6965 Cumberland Gap Parkway  
Harrogate, Tennessee 37752

Lincoln Memorial University is an equal opportunity institution and welcomes applications for employment or admission regardless of race, creed, color, national or ethnic origin, gender, sexual orientation, age, disability or religion.  
Please see the Graduate Catalog for Nursing regarding additional requirements for admitted students such as health status forms & immunizations, proof of insurance & licensure, CPR certification, drug screens and background checks.  
(All materials submitted become the property of the Caylor School of Nursing and cannot be returned to the applicant.)
Doctor of Nursing Practice
APPLICATION FOR ADMISSION
☐ Practice  ☐ Administrative
☐ Full Time  ☐ Part Time

Please type or print
Print Name

Last  First  Middle  Maiden

Social Security Number  Date of Birth  Gender: ☐ Male  ☐ Female

Address

Number and Street  City  State  Zip Code

Telephone Number  Cell Phone Number

If NOT permanent, the above contact information is effective until what date?

Permanent Address: (If different from current address, above)

Number and Street

City  State  Zip Code

Email

EDUCATION*
List in reverse chronological order all postsecondary institutions attended. Use another piece of paper if necessary.

<table>
<thead>
<tr>
<th>NAME OF INSTITUTION</th>
<th>CITY &amp; STATE</th>
<th>DATES ATTENDED</th>
<th>MAJOR/DEGREE AWARDED</th>
<th>GRADUATION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please arrange to have the Registrar of each institution send an official transcripts directly to Lincoln Memorial University, Caylor School of Nursing, Attn: MSN Admissions Committee (address above). Transcripts in a foreign language require a certified translation.

OFFICIAL TESTSCORES for the GRE and for the iTOEFL (if applicable) must be reported to Lincoln Memorial University. If you did not originally do so, please contact the testing agency and arrange for an official report to be sent.

I have taken the following standardized tests:

GRE: DATE: ________________
Scores:  General  Verbal  Quantitative  Analytical  Writing

TEST OF ENGLISH AS A FOREIGN LANGUAGE (iTOEFL): DATE: ________________
Scores:  Total  Speaking  Reading  Listening  Writing

If you have not yet taken the required tests, when do you plan to do so?
Planned GRE Date  Planned iTOEFL Date
Ethnicity (optional): ____________________________________________

**CITIZENSHIP** (CHECK APPROPRIATE BOXES AND COMPLETE RELEVANT INFORMATION)

Are you a U.S. Citizen? ___ Yes ___ No  If no, Country of Birth: _____________________________
Country of Citizenship: __________________________________________

Do you currently have a U.S. Visa? ___ Yes ___ No  If yes, what type? ____________________ (Specify)

**CONFIDENTIAL INFORMATION:** Clinical placements may require background checks and drug screens. *In certain situations, investigative background reports are ongoing and may be conducted at any time. Access to the program may be denied at any time by the clinical agency or Lincoln Memorial University.*

Are you currently on probation, parole, under court restriction or have you ever been convicted of a crime other than a minor traffic violation? ___ Yes ___ No

**If yes, attach a letter of explanation.**

Has any academic or disciplinary action been taken against you at any college or university you have previously attended? ___ Yes ___ No

**If yes, attach a letter of explanation.**

**REFERENCES:** On the application instruction sheet, you are asked to submit references from a minimum of three healthcare professionals. At least two must from be nursing professionals with graduate degree. Please list the name, address and position of each:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Basic Life Support expiration date: _____________  Advance Cardiac Life Support expiration date: _____________
Pediatric Life Support expiration date: _____________

**LICENSURE INFORMATION:**

*An unencumbered Tennessee license is required prior to enrolling in clinical courses in Tennessee. Clinical placement in neighboring states may require additional licensure.*

In which states are you licensed as a Registered Nurse?

State: ___________________________ License Number: ___________________________ Expires: ___________
State: ___________________________ License Number: ___________________________ Expires: ___________
Experience: Number of years/month ___________________________ in adult acute care. Where ___________________________

**COMPLIANCE STATEMENT**

I hereby certify that the information I have provided in this application is accurate and complete. I understand that the misrepresentation or omission of facts is sufficient for denial or dismissal from the program.

Signature_________________________________________ Date_________________________

Please send **ALL** completed application materials (this application, your letter, 3 sealed letters of reference, resume) along with a check for $50 to: *Lincoln Memorial University, Caylor School of Nursing, Graduate Nursing Office, 6965 Cumberland Gap Parkway, Harrogate, Tennessee, 37752.*

*Lincoln Memorial University is an equal opportunity institution and welcomes applications for employment or admission regardless of race, creed, color, national or ethnic origin, gender, sexual orientation, age, disability or religion.*

How did you hear about our program? ___________________________________________________________________
DNP Program: Graduate Nursing Student Applicant Rating Form

Section I (to be completed by Applicant): Complete this section before giving this form to the person who will evaluate you. Be sure to indicate whether or not you wish to waive your right to access this reference. Give this form and a business size envelope to the person. Arrange to have the individual return the completed form to you in the sealed envelope. Place all three completed and unopened recommendation forms and all other completed application documents in your application packet and mail to Lincoln Memorial University, Caylor School of Nursing, Graduate Nursing Office, 6965 Cumberland Gap Parkway, Harrogate, TN 37752.

Print Name_______________________________________________ Social Security Number_____________________

Last          First          Middle

Address____________________________________________________

Number and Street                               City                               State               Zip Code

Intended concentration ___________________________ Expected Date of Admission _________________

Name of Evaluator to whom you gave this form: __________________________________________________

How long and in what capacity has this evaluator known you? ______________________________

_________________________________________________________________________________________

The Family Education Right s Act of 1974 and its amendments guarantee students access to their educational records. Students can choose to waive their rights of access concerning recommendations. Please indicate your wish by checking the appropriate place below and signing.

☐ I waive my right to inspect this recommendation now and in the future.

☐ I do not waive my right to inspect this recommendation.

Signature________________________________________________Date_____________________________

Section II (to be completed by Evaluator): This individual has applied for admission to the Doctor of Nursing Practice (DNP), at Lincoln Memorial University, Caylor School of Nursing.

The DNP Admissions Committee at LMU values your honest assessment of the applicant’s suitability for graduate preparation as an advanced practice nurse. If the applicant has not waived the right to review this rating form, you should consider it non-confidential, and you may choose to return the form uncompleted. Please complete and sign this form, place it in the envelope, seal and sign the envelope across its seal, and return to the applicant. The applicant will mail the unopened recommendation, along with other application documents, to the Caylor School of Nursing.

How long and in what capacity have you known the applicant? ________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Please evaluate the applicant in the following areas:

**INTELECTUAL ABILITY**

- Excellent
- Above Average
- Average
- Below Average
- No basis to rate

**INTEGRITY**

- Excellent
- Above Average
- Average
- Below Average
- No basis to rate

**CLINCAL JUDGEMENT**

- Excellent
- Above Average
- Average
- Below Average
- No basis to rate

**EMOTIONAL MATURITY**

- Excellent
- Above Average
- Average
- Below Average
- No basis to rate

**DISPOSITION/ATTITUDE**

- Excellent
- Above Average
- Average
- Below Average
- No basis to rate

**COOPERATION**

- Excellent
- Above Average
- Average
- Below Average
- No basis to rate

**QUALITY OF WORK**

- Excellent
- Above Average
- Average
- Below Average
- No basis to rate

**WORK ETHIC**

- Excellent
- Above Average
- Average
- Below Average
- No basis to rate

**MOTIVATION TO PURSUE ADVANCED PRACTICE PREPARATAION**

- Excellent
- Above Average
- Average
- Below Average
- No basis to rate

How would you rate this applicant in overall ability, motivation, and promise compared with other nurses with similar training and experience who wish to attend graduate school?

(Please circle the appropriate number below.)

<table>
<thead>
<tr>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equal to the best in any program</td>
<td>Will perform at a superior level in graduate school</td>
<td>Performance should be up to the average of most graduate nursing students</td>
<td>Qualifications are marginal, but warrants further consideration (explain below)</td>
<td>Questionable whether admission to graduate school is warranted (explain below)</td>
<td>Unable to judge</td>
</tr>
</tbody>
</table>

Remarks: _________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

(may attach another sheet if necessary)

Signature_______________________________ Date __________ Title ____________________________

Highest Earned Degree: ____________________________ Telephone ____________________________

Email (optional): _____________________________________________________________________________

Thank you for your assistance.

*Please sign, date, & place in the envelope; then please seal & sign the envelope across its seal and return to the applicant.*
Lincoln Memorial University  
Caylor School of Nursing  
DNP Program  
Verification of Post-Baccalaureate Transferrable Clinical Hours

Name: ________________________________________________________________

1. Name of University: ________________________________________________
   Program Name: ______________________________________________________
   University Address: _________________________________________________
   University Telephone: _______________________________________________

2. Type of Degree or Certificate Received (please check):
   ______ Master of Science in Nursing Program  
   _____ Post-Master’s Certificate Program

3. Area of Concentration: ______________________________________________

4. Total Number of Program Clinical Hours Completed: _______ Clock Hours
   Total Number of *Transferrable Supervised Hours Focused on Direct Patient Care
   Completed in the Program: _______ Clock Hours
   * According to requirements of the American Association of Colleges of Nursing (AACN) and the Commission on Collegiate Nursing Education (CCNE), practicum hours that focus on the educational process, developing academic curriculum, or on educating nursing students cannot be applied to the supervised practice hours required by the DNP program. However, supervised practicum hours that focused on direct patient care may be applied to the supervised practice hours required by the DNP.

5. Dates of Completion of Clinical Practice Hours in Program:
   From(Semester/Year): ____________ To (Semester/Year): _____________

Your signature on this form attests that the above named individual has completed the program hours indicated on this document.

Program Director Name: ________________________________________________
Title: _______________________________________________________________
Email: ______________________________________________________________
Phone: ______________________________________________________________

Signature __________________________________ Date_______________________

---------------------------------------------------------------------------------------------------------------------
To be Approved by LMU DNP Coordinator:

Signature________________________________ Date_______________________