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. You can register on line (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. 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. 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.

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<th>NAME OF INSTITUTION</th>
<th>CITY &amp; STATE</th>
<th>DATES ATTENDED</th>
<th>MAJOR/DEGREE AWARDED</th>
<th>GRADUATION DATE</th>
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*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 TEST SCORES 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:

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<th>Name</th>
<th>Address</th>
<th>Position</th>
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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 $25 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_______________________

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? ____________________________________________

☐ 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:

INTELLECTUAL ABILITY
_____ Excellent  _____ Above Average  _____ Average  _____ Below Average  _____ No basis to rate

INTEGRITY
_____ Excellent  _____ Above Average  _____ Average  _____ Below Average  _____ No basis to rate

CLINICAL 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 PREPARATION
_____ 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.)

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<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
<th>NA</th>
</tr>
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<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.
Verification of Post-Baccalaureate Transferrable Clinical Hours Form

This is to verify that ___________________________ (student name please print) has completed ________ (number of hours up to 500) graduate level clinical or practicum hours from ________________ (date) to ________________ (date). These hours were completed during a _______________________ (type or concentration of MSN Program) Master’s degree in Nursing program with a total of ______ (number) clinical or practicum clock hours required for program completion. *

To be completed by the authorized individual verifying the hours:

Name: _____________________________________________________
Title: ______________________________________________________
Institution: ________________________________________________
Address: ___________________________________________________
Phone: ____________________________________________________
Email: _____________________________________________________
Signature: _________________________________________________
Date: _______________________________________________________

To be signed by Graduate Chair:

Approved by:
_________________________________________________________ (signature/date)

* Graduate level employment hours may be considered.