

1) Graduate Record Examination (GRE) (if applicable)

Applicants must include a GRE score if their GPA is less than 3.4 as reported by their MSN institution. 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)

One from the applicant's current supervisor, one from a faculty member who has worked with the applicant during previous academic study, and one professional reference selected by the applicant. 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) 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**

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.

NAME OF INSTITUTION	CITY & STATE	DATES ATTENDED	MAJOR/DEGREE AWARDED	GRADUATION DATE

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

ANTICIPATED PLAN OF STUDY (check one): **Published curriculum 6 semester plan 2-3 courses per semester**
 Individualized part-time option

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 be from nursing professionals with graduate degree. Please list the name, address and position of each:

Name	Address	Position

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 acute adult 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 Rights 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:

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.)

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

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

5. 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.

6. 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 Director:

Signature _____ Date _____