

Dear Prospective RN Student:

Thank you for your interest in admission to the RN-BSN/MSN program at Pittsburg State University. The faculty of the Department of Nursing is proud of the quality of our nursing programs, which are fully accredited by the Commission on Collegiate Nursing Education and by the Kansas State Board of Nursing.

Enclosed you will find an application packet. Attached is a check sheet-listing items that must be completed or sent with your application. It is the responsibility of the applicant to be sure all items on the check sheet are complete.

If you have any questions about our program, please feel free to contact us at 620-235-4431.

Sincerely,

A handwritten signature in cursive script that reads "Mary Carol Pomatto". The signature is written in black ink and is positioned to the left of a vertical line.

Mary Carol Pomatto, Ed.D.
Chair
Department of Nursing

INSTRUCTIONS AND CHECK SHEET FOR APPLICATION TO THE DEPARTMENT OF NURSING, PITTSBURG STATE UNIVERSITY

- **PLEASE READ THESE INSTRUCTIONS CAREFULLY. RETURNING ONLY PART OF THE REQUIRED FORMS OR FEES WILL DELAY THE REVIEW OF YOUR APPLICATION MATERIALS AND CAN AFFECT YOUR ADMISSION TO THE DEPARTMENT OF NURSING.**

1. Make application to Pittsburg State University unless currently enrolled at Pittsburg State University.

_____ **Enclosed are my application form and \$30.00 fee to Pittsburg State University.**

(OR)

_____ **I am currently a student at Pittsburg State University or have already turned in my application to Pittsburg State University.**

2. Complete application for admission to the Department of Nursing and enclose a check for \$25.00 payable to Pittsburg State University, Department of Nursing.

_____ **Enclosed is my application form and \$25.00 fee to the Department of Nursing.**

3. Arrange for an official transcript from each college or university attended to be mailed to the nursing department at Pittsburg State University.

_____ **I have requested transcripts from all colleges attended to be sent to Pittsburg State University Nursing Department.**

_____ **I am currently enrolled at Pittsburg State University, so my transcripts are on file at the Registrar's Office.**

4. Fill out the top of three reference forms making sure to enter your name, * check the *wave or do not wave* portion, and sign the waiver of right to access. Distribute reference forms to three individuals (**references from friends, relatives, ministers, and personal physicians are not accepted**). **REFERENCES FROM EMPLOYERS, TEACHERS OR ACADEMIC ADVISORS ARE PREFERRED.** Ask the individual to complete the form, place it in an envelope, seal it and put their signature over the seal and mail the sealed reference form to Pittsburg State University; Department of Nursing; 1701 S. Broadway; Pittsburg, KS. 66762.

*** If you waive your right to see the completed reference forms, this waiver applies only to these and NOT future references. This request is in compliance with federal law P.L. 93-380 (Family Education Rights and Privacy Act of 1974).**

_____ **I have distributed three reference forms to be completed by individuals and mailed directly to Pittsburg State University; Department of Nursing; 1701 South Broadway; Pittsburg, KS. 66762.**

5. Provide copy of all current RN licenses in the United States.

_____ **I have recorded all my current RN license numbers on the application form and enclosed copies of my licenses.**

OVER

6. Document graduation from an approved diploma or associate degree-nursing program by providing an official transcript.

_____ I have requested an official transcript documenting graduation from a nationally accredited diploma or associate degree nursing program to be sent to Pittsburg State University Nursing Department.

7. Sign and return the enclosed consent form for background check.

_____ I have signed the enclosed consent form for background check.

8. Applicants are required to purchase a background check through CertifiedBackground.com. This is a National Background Check in your permanent state of residence. Read thoroughly and follow the directions on the CertifiedBackground.com student instruction form in your admission packet.
9. Complete the Child Abuse and Neglect Registry Release of Information form and **return to** Pittsburg State University; Department of Nursing; 1701 S. Broadway; Pittsburg, KS. 66762 along with a check in the amount of \$10.00 made payable to SRS Central Registry.

_____ I have completed the Child Abuse and Neglect Central Registry Form and enclosed the appropriate fee.

10. All students will participate in the standardized testing program that includes a critical thinking pre test and post test. Testing costs are \$50.00, which should be paid at the time of admission.

_____ Enclosed is my \$50.00 standardized testing program fee to the Department of Nursing.

Mail this form along with the application form, fees, and the three references to:

Pittsburg State University
Department of Nursing
1701 South Broadway
Pittsburg, KS 66762

To be considered for admission, the complete application packet must be submitted on or prior to anticipated enrollment in the upper division nursing major

I am planning to attend full-time _____, Part-time _____, beginning _____ of _____.
I am licensed in the state(s) of _____.
My license number(s) is/are _____.

Requirements for RN-BSN program: See University Catalog

Name in Full (no initials): _____
(Last) (First) (Middle) (Maiden)

Local Address: _____
(Street) (City) (State) (Zip Code)

Permanent Address: _____
(Street) (City) (State) (Zip Code)

Local Number: _____ Home Number: _____ Work Number: _____

E-Mail _____

1. If you have previously been enrolled in a professional or practical nursing program please specify:
LPN _____ ADN _____ Diploma _____
Where? _____ Dates _____

2. If you have a degree in another area, please specify: _____

3. List all colleges/universities attended. State if a degree was earned.
*Send an official transcript from all colleges attended **directly** to the **Department of Nursing**.*

4. I have chosen to complete a baccalaureate of science degree in nursing because:

5. I do _____ do not _____ have a criminal history (**includes misdemeanors, felonies, and arrests for which action is still pending**). Describe all criminal history:

If you have a history please contact the Chair of the Department of Nursing as soon as possible.

6. List all states in which you have lived **in the last year**:

Signature of Applicant: _____ Date: _____

Return this application to: Pittsburg State University, Department of Nursing, 1701 S. Broadway, Pittsburg, KS 66762.

Do you have any questions or comments?

Pittsburg State University • Department of Nursing
1701 S. Broadway, Pittsburg, KS. 66762

TO (Reference Name): _____

APPLICANT NAME: _____

- I waive my right to access this letter of recommendation
- I do not waive my right to access this letter of recommendation.

Signature of applicant: _____

The above named applicant has applied for admission to the upper division major in nursing at Pittsburg State University, and has given your name as a reference.

Please rate the applicant on the following:	Above Average	Average	Below Average	No Information
Initiative				
Communication Skills				
Dependability				
Perseverance				
Ability to work with others				
Adaptability				
Appearance				
Sociability				
Motivation/Self Confidence				
Positive Attitude				
Honesty/Integrity				
Judgment/Decision Making Ability				
Intellectual Curiosity				
Scholarly Ability				

Are goals realistic in relation to ability? _____

In what capacity have you known the applicant? _____

Comments: _____

Name: _____ Title: _____

(Please Print)

Address: _____ Phone: _____

Signature: _____ Date: _____

Program Guide

Requirements for the Bachelor of Science in Nursing Degree

Name _____ Date _____
 Major _____ Emphasis/Option _____
 Minor (if required) _____ Year of Relevant Catalog _____

	Fall	Spring	Summer	Grade	Points	Comments
Basic Skills - 12 Hours						
ENGL 101 English Composition (3)						
ENGL 299 Intro to Research Writing (3) (or)						
ENGL 190 Honors English Composition (3)						
COMM 207 Speech Communications (3)						
# Mathematics (Select One)						
MATH 110 College Algebra with Review (3)						
MATH 113 College Algebra (3)						
General Education Electives - 37-41						
<i>Sciences - 9</i>						
BIOL 111 and 112 General Biology and Laboratory (5)						
#CHEM 107 and 108 Chemistry for the Life Sciences and Lab (4)						
<i>Social Studies (Select One) - 3</i>						
#SOC 100 Introduction to Sociology						
<i>Political Studies (Select One) - 3</i>						
POLS 101 U.S. Politics (3)						
POLS 324 Introduction to Comparative Politics (3)						
<i>Producing and Consuming (Select one from two of the following three categories) - 5-6</i>						
<i>Economy</i>						
ECON 191 Issues in Today's Economy (3)						
FCS 230 Consumer Education (3)						
<i>Technology</i>						
GT 190 Introduction to Technological Systems (2)						
GT 350 Technology and Civilization (3)						
TM 350 Societal Influence of Technology (3)						
TE 551 Technological Literacy for Educators (3)						
<i>Business</i>						
ACCTG 201 Financial Accounting (3)						
MGMKT 101 Introduction to Business (3)						
CSIS 130 Computer Information Systems (3)						
<i>Fine Arts and Aesthetic Studies (Select one) - 2-3</i>						
ART 155 Printmaking (3)						
ART 178 Introduction to the Visual Arts (3)						
ART 188 The Designed World (3)						
ART 217 Crafts I (3)						
ART 222 Jewelry Design I (3)						
ART 233 Drawing I (3)						
ART 244 Ceramics I (3)						
ART 266 Sculpture I (3)						
ART 277 Painting I (3)						
ART 288 Western Art History I (3)						
ART 289 Western Art History II (3)						
ART 311 Art Education (3)						
COMM 105 Performance Appreciation (3)						
COMM 205 Performance Studies (3)						
COMM 295 Theatre History (3)						
ENGL 250 Introduction to Creative Writing (3)						
HHP 151 Dance Appreciation (3)						
MUSIC 120 Music Appreciation (Classical, Jazz, or World Music) (3)						
MUSIC 121 Introduction to Music Literature (2)						
MUSIC 321 History of Music (3)						
<i>Cultural Studies (Select one) - 3-5</i>						
GEOG 106 World Regional Geography (3)						
GEOG 300 Elements of Geography (3)						
GEOG 304 Human Geography (3)						
WOMEN 399 Issues in Women's Studies (3)						
MLL 124 French Language and Culture I (5)						
MLL 134 German Language and Culture I (5)						
MLL 144 Portuguese Language and Culture I (5)						
MLL 154 Spanish Language and Culture I (5)						
MLL 184 Russian Language and Culture I (5)						
MLL 194 Korean Language and Culture I (5)						

	Fall	Spring	Summer	Grade	Points	Comments
<i>Health and Well Being -6</i>						
# PSYCH 155 General Psychology (3)						
# FCS 203 Nutrition and Health (3)						
<i>Human Heritage (Select one from two of the following three categories)(6)</i>						
<i>History</i>						
HIST 101 World History to 1500 (3)						
HIST 102 World History from 1500 (3)						
HIST 201 American History to 1865 (3)						
HIST 202 American History from 1865 (3)						
<i>Literature</i>						
ENGL 113 General Literature (3)						
ENGL 114 General Literature (Genre) (3)						
ENGL 116 General Literature (Theme) (3)						
ENGL 120 Literature and Film (3)						
ENGL 315 Mythology (3)						
<i>Philosophy</i>						
PHIL 103 Introduction to Philosophy (3)						
PHIL 105 Ethics (3)						
PHIL 111 Ethics (Applied Emphasis) (3)						
PHIL 208 Logic and Critical Thinking (3)						
PHIL 231 World Religions (3)						
TOTAL - 49-53 Hours						
<i>Nursing Prerequisites - 13</i>						
# BIOL 257/258 Anatomy & Physiology Laboratory (5)						
# BIOL 371/372 General Microbiology/Laboratory (5)						
# PSYCH 263 Developmental Psychology (or)						
# FCS 285 Lifespan Human Development (3)						
<i>Professional Nursing Degree Requirements - 63</i>						
NURS 265 Health Promotion and Disease Prevention (2)						
NURS 300 Foundations of Nursing Practice (5)						
NURS 301 Orientation to Nursing (or)						
NURS 304 Transition into Baccalaureate Nursing Practice (1)						
NURS 302 Techniques for Nursing (2)						
NURS 320 Health Assessment (3)						
NURS 390 Pathophysiologic Bases in Nursing (3)						
NURS 405 Health Alterations in Older Adults (3)						
NURS 410 Nursing the Adult Medical Surgical Client (7)						
NURS 440 Pharmacology in Nursing (2)						
NURS 452 Nursing the Childbearing Family (3)						
NURS 457 Nursing the Child and the Childbearing Family Practicum (3)						
NURS 462 Nursing the Child and Family (3)						
NURS 470 Nursing the Psychiatric/Mental Health Client (5)						
NURS 482 Research in Nursing (3)						
NURS 502 Community Nursing (4)						
NURS 521 Leadership and Management Function (3)						
NURS 525 Advanced Medical Surgical Nursing of the Adult Client (6)						
NURS 599 Internship in Nursing Practice (3)						
Upper Division Nursing Elective (2)						
TOTAL – 125-129 Hours						
# These courses are nursing pre-requisites and must be completed prior to enrollment in upper division nursing courses.						

Comments: _____

NOTE: When a student attains 85 semester hours of credit (including current enrollment) the student must apply for a degree check in the Office of the Registrar (Degree Checking Section), Room 102, Russ Hall.

MINIMUM GENERAL REQUIREMENTS: The minimum requirements for graduation include 124 semester hours of which 60 hours must be from a four-year university. In addition, 45 semester hours must be upper division and 30 hours in residence at Pittsburg State University. Requirements for all Baccalaureate Degrees are listed on page 47 of the 2007-2009 University Catalog. General Education requirements are listed on page 51. General Education requirements for students planning to teach are listed on page 52-53.

Dr. Mary Carol Pomatto
Chair
Department of Nursing
620-235-4434

Dr. Lynette Olson
Dean
College of Arts & Sciences
620-235-4200

Ms. Debbie Greve, Registrar
Pittsburg State University
620-235-4431

Pittsburg State University • Department of Nursing
***RN to BSN Program of Study**

Semesters Offered	Course Name and Number	Day	Credit Hours	Clinical Hrs.
Fall	N265 Health Promotion Disease Prevention	Online or Monday	2 hrs	Clinical Hours are integrated into courses if you can document 3 months of current nursing practice as a registered nurse. Documentation is a letter from your employer.
Fall	N304 Transitions into Baccalaureate Nursing	Online Hybrid	1 hr	
Fall	N320 Health Assessment	Online or Monday	2 hrs 1 hr	
Fall	N405 Health Alterations in Older Adults	Online or Tuesday	3 hrs	
Fall	N482 Research in Nursing	Online or Monday	3 hrs	
Fall and Summer	# N723 Client/Family Health Theory, Assessment, Promotion	Tuesday	2 hrs	
Fall and Summer	# N724 Client/Family Health: Practicum (will require clinical hours)	Tuesday	2 hrs	
<u>Upper Division Nursing Electives</u> N712 Issues and Roles in Advanced Nursing Practice is available as an Upper Division Nursing Elective for RNs OR N312 Neonatal Resuscitation N445/446 Transcultural Healthcare in Nursing N440 Pharmacology in Nursing N314 Medical Terminology & Drug Calculations		Varies	2-3 hrs	
Spring	N502 Community Nursing	Online or Monday	4 hrs	
Spring	N521 Leadership Roles and Management Functions in Nursing	Online or Monday <i>and</i> Thursday	3 hrs	
Spring	N525 Advanced Medical Surgical Nursing of the Adult Client	Online or Monday <i>and</i> Friday	6 hrs	

* RNs may take individual courses online OR attend class – their preference.

N712 Issues and Roles in Advanced Nursing Practice, N723 Client/Family Health and N724 Client/Family Health Practicum are not offered online.

Credit by Validation (prior education) (36 hours)

See RN/BSN/MSN Program Guide for clarification

- N300 Foundations of Nursing Practice (5 hrs)
- N302 Techniques for Nursing (2 hrs)
- N390 Pathophysiologic Basis of Nursing (3 hrs)
- N410 Nursing the Adult Medical Surgical Client (7 hrs)
- N440 Pharmacology in Nursing (2 hrs)
- N452 Nursing the Childbearing Family (3 hrs)
- N457 Nursing the Child and the Childbearing Family Practicum (3 hrs)
- N462 Nursing the Child and Family (3 hrs)
- N470 Nursing the Psychiatric/Mental Health Client (5 hrs)
- N599 Internship in Nursing Practice (3)

For applications, general education requirements or more information...
www.pittstate.edu/nurs
 Or telephone
 620-235-4431 or 4433

Revised 03/30/2007; 06/06/2007

CONSENT TO RELEASE OF CRIMINAL HISTORY INFORMATION

I acknowledge that my acceptance into the Department of Nursing at Pittsburg State University is dependent upon meeting all of the requirements of the Department. One of those requirements is to be free of any criminal history that would indicate a potential for violence against another person or substance abuse. I release University officials from any potential claim or liability related to the appropriate use of this information.

This consent and release is effective as of the date signed and it will remain effective until further notice. The University is not required to notify me when the request will be submitted to any law enforcement unit and is not limited to the number of such requests.

By my signature below I acknowledge and agree that I consent to the access and release of any records maintained by any local, county, state or national law enforcement unit, including, but not limited to the Kansas Bureau of Investigation and the Social and Rehabilitation Services Child Abuse and Neglect Central Registry. I also agree to incur the cost of the investigation.

(Name)

(Date)

(Other name used, if any)

(Parent or Guardian, if a Minor)

(Date)



CertifiedBackground.com

— Student Instructions —

Background Check Require

Pittsburg State University, Department of Nursing

The above organization requires that each student purchase a background check through CertifiedBackground.com.

About CertifiedBackground.com

CertifiedBackground.com is a background check service that allows students to purchase their own background check. The results of a background are posted to the CertifiedBackground.com web site in a secure, tamper-proof environment, where the student, as well as organizations can view the background check.

To order your background check from CertifiedBackground.com, please follow the instructions below.

Instructions

1. Go to www.Certifiedbackground.com and click on "Students."
2. In the Package Code box, enter package code: *SEE NOTES BELOW*
3. Select a method of payment. We accept Visa, Mastercard and money orders.

Once your order is submitted, you will receive a password via email to view the results of your background check. The results will be available in approximately 48-72 hours.

Package Descriptions

IS30

Package Price \$50.00 - There are no additional charges to this package. PLEASE NOTE: If you are a resident of one of the following states (NY, AR, FL, ME, ND, SC), then select one of the other two package codes listed below.

IS30NY

Package Price \$100.00 - There are no additional charges to this package. NOTE: This package is for New York residents ONLY.

IS30ST

Package Price \$60.00 - There are no additional charges to this package. NOTE: This package is for residents of the following states ONLY (AR, FL, ME, ND, SC).

Kansas Department of Social and Rehabilitation Services
Child Abuse and Neglect Central Registry
PO Box 2637
Topeka, Kansas 66601

Child Abuse and Neglect Central Registry
Release of Information

I, _____, give permission for the release of any information
(Please print complete first, middle and last name)
concerning myself in the Child Abuse and Neglect Central Registry to:

Contact Person: Dr. Mary Carol Pomatto

Agency Name: Pittsburg State University/Dept. of Nursing

Mailing address: 1701 S. Broadway
Pittsburg, KS. 66762

Phone Number: (620) 235-4431

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.



Please complete the information below by printing in ink.



Please print legibly. Do not leave any space blank. All requested information is required to process this request. Incomplete information will result in the release not being processed and will be returned as insufficient.

First, Middle and Last Name: _____

Maiden Name: (Female applicant only) _____

Married Names, Nicknames or Other Names Used: _____
(Use N/A if no other names used.)

Date of Birth: _____ Race: _____

Social Security #: _____ Gender: Male Female

Signature: _____ Date: _____

Current Address: _____

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. All releases and fees should be sent via postal mail to the attention of SRS, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS. 66601. The following state agencies are exempt from the \$10.00 fee: JJA, KNI, Dept. of Education-Central Office, KDHE, State Hospitals, State Correctional Institutions, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states.

For Central Registry Use Only

____ FEE ATTACHED

Manual Record Check Request

This page is used to provide identifying information for one person to be checked. The **Full Name** and **Date of Birth** are mandatory fields; the record check cannot be done without at least those two fields. Please include as much additional information as possible to ensure the best search is conducted. Note that each search permits the addition of one alias or maiden name. If the subject of the search has been known by three or more names, then submit a second record check form for the third name. Searching the first two names will be done in the first record check. The third name searched constitutes a new, billable record check.

Attach additional copies of this page as needed for more searches.

This is not the proper form to use for CERTIFIED record checks. If you require CERTIFIED record checks, print the *Request for Certified Record Check* form found on the KBI Public Access web site:

Requested by: Mary Carol Pomatto, RN, Ed.D. **Date of Request:** _____
(Your printed name in case this page is separated from the first page)

Identification of the Individual to be searched:

A fingerprint card [is] [is not] included.

Full Name: _____
Last Name First Name Middle Name (Jr., Sr., III...)

Alias/Maiden Name: _____
Last Name First Name Middle Name (Jr., Sr., III...)

Date of Birth: _____ Social Security Number: _____ - _____ - _____
MM/DD/YYYY

Sex: _____ Race: _____ Place of Birth: _____
(City, State or Foreign Country)

Height: _____ Weight: _____ Occupation: _____

Residence: _____

For KBI Use

Name searches @ \$12.50 per search (2 names).

Billed Account

**PITTSBURG STATE UNIVERSITY
STUDENT ACKNOWLEDGEMENT FORM**

I understand that the use, possession, sale, or distribution of alcohol, drugs, or controlled substances is strictly prohibited. I also understand that the presence of such substances in my system during school hours places unacceptable risks and burdens on the safe and efficient operation of the Department of Nursing and, consequently, is strictly forbidden. Specifically, I understand and agree to undergo substance (alcohol and other drug) screening of my blood, urine, breath, saliva, or otherwise at my expense, upon reasonable suspicion, or if I am involved in an accident or safety incident. If initial screenings are positive, I will be subject to further substance screening.

I fully understand that my cooperation with, and adherence to, the Department of Nursing's policies and procedures regarding substance abuse are conditions of my continued status as a nursing student, and that if I violate, am insubordinate, or refuse to cooperate with any of these policies and procedures, I am subject to discipline, up to and including dismissal from the nursing program.

I further understand that counselors are available at Pittsburg State University for counseling regarding substance abuse, including possible referral to other rehabilitation programs.

Student Signature

Date

Please Print Name