## THE OHIO STATE UNIVERSITY COLLEGE OF NURSING POST MASTERS STUDY APPLICATION Refer to our website for specific instructions, additional forms, and application deadlines: <a href="https://www.nursing.osu.edu/pm">www.nursing.osu.edu/pm</a>

Name:	Date of Birth (mm/dd)
Please provide any other names that appear on	transcripts:
Have you ever attended The Ohio State Un	iversity? □ Yes □ No
RN License #	
Please choose	*1 * specialty area for which you are applying:
☐ Adult-Gerontology <i>Acute Care</i> Nurse Pra	ctitioner    Neonatal Nurse Practitioner  Distance Education Option only*
$\hfill \square$ Adult-Gerontology Primary Care Nurse P	
☐ Adult-Gerontology Clinical Nurse Special	ist □ Nurse-Midwifery
☐ Family Nurse Practitioner	<ul><li>□ Pediatric Nurse Practitioner – Primary care</li><li>□ Pediatric Nurse Practitioner – Acute Care</li></ul>
<ul><li>□ Traditional Option</li><li>□ Distance Education Option*</li></ul>	<ul><li>□ Psychiatric / Mental Health</li><li>□ Traditional Option</li><li>□ Distance Education Option*</li></ul>
some specialties (listed above) are offered in a c synchronous format (in "real time") as well as in to come to the Columbus campus over the cours they may complete their clinicals near their own Ohio will have to identify potential sites/preceptor	nline and most students enroll in a mix of online and in-person courses. However, completely distance learning format. Distance learning classes are offered in a an asynchronous format. Students in a distance learning specialty will be required se of their enrollment to satisfy the requirements of specific nursing courses, but community. Please note that students completing a clinical experience outside of ors for their program director's approval. Additionally, if a student enrolled in the e in-person on the Columbus campus, they will be asked to petition for permission
<ol> <li>Do you currently live in an authorized st program?</li> </ol>	ate and plan to continue living in an authorized state during your enrollment in the
p. 0 g. 0	Yes No
2. Do you currently live in an unauthorized	state but plan to relocate to an authorized state prior to the start of the program?
	Yes No
3. Do you currently live in an unauthorized state and do not plan to relocate to an authorized state prior to the start oprogram?	
p.og.a	Yes No
Are you currently licensed to practice no	ursing in Ohio or another state? Yes No
If other, please list the state or st	tates:
Have you ever been subject to disciplina agency in another state?  If yes, attach a detailed statement	ry action by the Ohio Board of Nursing or comparable licensing Yes No of explanation.
□ I certify that I	have read and agree with these statements.

Please enter your initials to verify your identity \_\_\_\_\_

## **Technical Standards for Nursing Students**

PRINT NAME Date of Birth (MM/DD)

The College of Nursing is committed to equal access for all qualified program applicants and thus has identified technical standards essential to the delivery of safe, effective nursing care while enrolled as a student in the program. These standards determine the students' ability to acquire knowledge and develop the clinical skills required by the curriculum. The student must

meet these standards throughout their course of study in nursing for successful program completion.

Intent: All students applying for admission to the College of Nursing need to be aware of the technical standards required of all students in the program. Enrollment into the College of Nursing is contingent upon signed submission of this form acknowledging that the applicant has read the form and is able (with or without accommodation) to meet the standards as described below. This form must accompany the student application to the program.

**General Abilities**: Must be able to utilize the data typically received by the senses so it can be integrated into care in an accurate manner. Examples include: interpreting patient's verbal and non-verbal expression of pain; identifying baseline physical assessment findings and changes in temperature, vibration, color and movement; identifying and interpreting heart, lung, abdominal sounds and blood pressure; having the ability to respond to equipment monitors alarms; interpreting charts and computer data accurately.

**Communication**: Must be able to communicate effectively with both spoken and written communication in real time with a primarily English speaking population. Examples include: performing patient teaching, communicating patient status changes, and maintaining accurate patient records.

**Patient Care**: Must possess the ability to independently perform nursing skills within a safe time frame and engage in activities over an extended period of time (i.e., 6-12 hour clinical practicum). Examples of activities include: the ability to support and transfer patients; position and manipulate medical equipment using both fine and gross motor skills; prepare and administer medications; use the techniques of palpation and percussion; perform CPR.

**Professional Behavior and Conduct**: Must be responsible and accountable in behavior and actions, demonstrating sound judgment consistent with the professions' (ANA) Scope & Standards of Practice and Code of Ethics for Nurses. Examples include: handling stressful situations in a calm manner, interacting with patients, families and other healthcare team members with compassion, concern and sensitivity; acting with honesty, integrity and confidentiality; dressing appropriately; acting professionally.

**Clinical Judgment**: Must have the ability to think critically and abstractly, and assess, analyze, problem-solve and make clinical judgments and decisions for safe patient care. Examples include: measuring, calculating, prioritizing, reasoning, recognizing urgent or emergent situations, responding appropriately and using both short and long term memory functions.

If you have questions about the accommodation process at The Ohio State University you can contact the Office of Disability Services at: 150 Pomerene Hall, 1760 Neil Avenue, phone (614) 292-3307 or TDD (614) 292-0901.

I hereby attest that I have read this form and understand the technical standards necessary for successful program completion. I further attest that I am able to meet these technical standards, with or without reasonable accommodations, consistent with the Americans with Disabilities Act (ADA).

## Completion Agreement

I acknowledge my application is not complete until I submit this application and all required materials, including my electronic interview. I understand if I do not submit an electronic interview, my application will not move forward in the review process. Please visit our website (<a href="http://u.osu.edu/coninterviews/">http://u.osu.edu/coninterviews/</a>) to review the instructions and access the link to complete your interview.

☐ I certify that I have read and agree with these statements.