

THE OHIO STATE UNIVERSITY COLLEGE OF NURSING BSN to DNP PROGRAM SUPPLEMENTAL APPLICATION
Required for Transfers only - if you were previously enrolled in a Graduate degree program at The Ohio State University
Refer to our website for specific instructions, additional forms, and application deadlines:
<http://nursing.osu.edu/dnp> → DNP Admissions

NAME: _____ **Date of Birth (MM/DD):** _____

Are you interested in ___ full time study or ___ part time study?

RN License # _____ **Pending** Date (Month/Year) _____

PREREQUISITE COURSE WORK

Please describe the courses that you have taken that meet the prerequisites. **Grade must be a B- or better.**

Course	Term/Year	Where taken	Course # / Name	Credits	Grade
Statistics A review of basic statistical concepts, univariate statistical analysis, bivariate statistical analysis, and An overview of commonly used statistical tests					

***DISTANCE EDUCATION OPTION (BSN to DNP students pursuing a distance education option during the MS portion of study, and all BSN to DNP students after completion of the MS:**

These programs are offered in a distance learning format. Distance learning classes are offered in a synchronous format (in “real time”) as well as in an asynchronous format. Students in a distance learning program will be required to come to the Columbus campus over the course of their enrollment to satisfy the requirements of specific nursing courses, but they may complete their clinicals near their own community. BSN to DNP students completing a clinical experience outside of Ohio will have to identify potential sites/preceptors for their program director’s approval.

1. Do you currently live in an authorized state and plan to continue living in an authorized state during your enrollment in the program?

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 of the program?

Yes No

Are you currently licensed to practice nursing in Ohio or another state? Yes No

If other, please list the state(s): _____

Have you ever been subject to disciplinary action by the Ohio Board of Nursing or comparable licensing agency in another state?

Yes No

If yes, attach a statement of explanation...

NAME:

Date of Birth (MM/DD):

For BSN – DNP ONLY:

Please choose **(1)** specialty area for which you are applying:

- Adult-Gerontology Acute Care Nurse Practitioner
- Adult-Gerontology Primary Care Nurse Practitioner
- Family Nurse Practitioner
 - Traditional Option
 - Distance Education Option***
- Neonatal Nurse Practitioner
 - Distance Education Option only**
- Nurse Anesthesia
 - Distance Education Option only**
- Nurse-Midwifery
- Pediatric Nurse Practitioner – Acute care
- Pediatric Nurse Practitioner – Primary care
- Psychiatric / Mental Health
 - Distance Education Option only**
- Women’s Health Nurse Practitioner

NAME:

Date of Birth (MM/DD):

If you are interested in a Graduate School fellowship, please respond to the following questions.

For more information on fellowship eligibility and fellowship funding, please visit <https://nursing.osu.edu/students/getting-started/financial-aid/graduate-fellowships>

1. If admitted, will you be enrolling as a full-time student?

If you answer no to this question, you are not eligible for a fellowship.

Yes

No

2. Do you plan to work at The Ohio State University, Wexner Medical Center, a university affiliate, or elsewhere while on fellowship?

Fellowship recipients may not be employed by Ohio State University, the Wexner Medical Center, a university affiliate, or elsewhere while on fellowship.

Yes

No

3. Are you willing to accept a fellowship, if offered, providing only one year of support?

If you answer no to this question, you are not eligible for a fellowship.

Yes

No

4. Have you been a previous graduate student at Ohio State?

Answer should be yes if you are completing this form.

Yes

No

5. In your previous academic career, did you achieve any unique or significant academic awards or honors?

Yes

No

6. In your previous academic career, did you publish any significant scholarly products (published papers, abstracts, presentations) beyond required assignments?

Yes

No

7. Do you participate or have you participated in the last 2 years in any ongoing activities demonstrating significant community service, volunteer service, and/or outreach?

Yes

No

If you are interested in being considered for university fellowship opportunities, please prepare a brief statement addressing the following:

Describe your academic achievements including academic awards and scholarly products (published papers, abstracts, presentations); activities demonstrating community, volunteer service, or outreach activities; and attributes and qualities that may contribute to your academic success. **Your response is limited to 450 words.**

NAME: _____

Date of Birth (MM/DD): _____

Technical Standards for Nursing Students

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 for Transfer Applicants

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 (<http://u.osu.edu/coninterviews/>) to review the instructions and access the link to complete your interview.

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

Please enter your initials to verify your identity: _____

Email completed form to: CON-gradrecords@osu.edu or upload with your other admission documents