

THE OHIO STATE UNIVERSITY COLLEGE OF NURSING 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 (Applies to BSN to DNP and Traditional DNP)

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 (includes all Traditional DNP students, 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):**

The DNP program is 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 and Traditional DNP students are responsible for coordinating their own clinical experience. Additionally, if a student enrolled in the distance education option wants to take a course in-person on the Columbus campus, they will be asked to petition for permission.

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: _____

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For Traditional DNP (post masters) ONLY:

Choose one:

- DNP Clinical Expert** **DNP Nurse Executive**
APRN or Nurse Executive Certification Data

Certification held: _____

Year originally certified: _____

Certification held: _____

Year originally certified: _____

For BSN – DNP ONLY:

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

- | | |
|--|---|
| <input type="checkbox"/> Adult-Gerontology Acute Care Nurse Practitioner | <input type="checkbox"/> Nurse-Midwifery |
| <input type="checkbox"/> Adult-Gerontology Primary Care Nurse Practitioner | <input type="checkbox"/> Pediatric Nurse Practitioner – <u>Acute care</u> |
| <input type="checkbox"/> Adult-Gerontology Clinical Nurse Specialist (FT only) | <input type="checkbox"/> Pediatric Nurse Practitioner – Primary care |
| <input type="checkbox"/> Family Nurse Practitioner | <input type="checkbox"/> Psychiatric / Mental Health |
| <input type="checkbox"/> Traditional Option | <input type="checkbox"/> Distance Education Option only* |
| <input type="checkbox"/> Distance Education Option* | |
| <input type="checkbox"/> Neonatal Nurse Practitioner | <input type="checkbox"/> Women’s Health Nurse Practitioner |
| <input type="checkbox"/> Distance Education Option only* | |

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