

THE OHIO STATE UNIVERSITY COLLEGE OF NURSING PhD 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/phd> → PhD Admissions

NAME: \_\_\_\_\_ Date of Birth (MM/DD): \_\_\_\_\_

Are you interested in \_\_\_\_ full time study or \_\_\_\_ part time study?

Please be aware that students awarded funding opportunities must attend as full-time students.

All post-baccalaureate students must apply full-time.

RN License # \_\_\_\_\_ ☐ Pending Date (Month/Year) \_\_\_\_\_

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.

How many months of full-time research experience do you have (in months)? This value will reflect months of summer research experience or full-time research experience following college. For those with part-time, academic-year research experience for academic credit, convert the part-time experience to full-time for reporting here. Do not include labs associated with a course.

Are you interested in being considered for the T32 Training in the Science of Health Development pre-doctoral training grant? You can learn more at: <https://nursing.osu.edu/sections/academic-programs/phd-overview/phd-funding-opportunities.html>.

Yes No

**For BSN to PhD program only:**

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

- |                                                                                 |                                                                           |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Adult-Gerontology Primary Care Nurse Practitioner      | <input type="checkbox"/> Neonatal Nurse Practitioner                      |
| <input type="checkbox"/> Adult-Gerontology Clinical Nurse Specialist            | <input type="checkbox"/> Nurse-Midwifery                                  |
| <input type="checkbox"/> Adult-Gerontology <u>Acute Care</u> Nurse Practitioner | <input type="checkbox"/> Pediatric Nurse Practitioner – Primary care      |
| <input type="checkbox"/> Clinical Nurse Leader                                  | <input type="checkbox"/> <u>Pediatric Nurse Practitioner – Acute care</u> |
| <input type="checkbox"/> Family Nurse Practitioner                              | <input type="checkbox"/> Psychiatric / Mental Health                      |
| <input type="checkbox"/> (Masters in) Nursing Science (MSNS)                    | <input type="checkbox"/> Women's Health Nurse Practitioner                |
| <input type="checkbox"/> No MS sought                                           |                                                                           |

**NAME:**

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

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**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).

☐ **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](mailto:CON-gradrecords@osu.edu) or upload with your other admission documents