

**DELTA STATE UNIVERSITY**  
**ROBERT E. SMITH SCHOOL OF NURSING**  
**DOCTOR OF NURSING PRACTICE**  
**PROGRAM APPLICATION**

1. Projected entrance into the program for Fall, 20\_\_\_\_ Year \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time
2. Current Educational Level: ADN \_\_\_\_\_ BSN \_\_\_\_\_ MSN \_\_\_\_\_  
Non-FNP: \_\_\_\_\_ FNP: \_\_\_\_\_
3. Student ID# \_\_\_\_\_ (Banner ID# or SS #) 4. Gender: Female \_\_\_\_\_ Male \_\_\_\_\_
5. Name \_\_\_\_\_  
(Last) (First) (Middle) (Other)\*
6. Current Mailing Address: \_\_\_\_\_  
(Street) (City)  
\_\_\_\_\_  
(State) (Zip Code) (County)
7. Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
8. E-mail Address \_\_\_\_\_ 9. Date of Birth \_\_\_\_\_
10. \*\*In order to accurately respond to requests from a variety of federal, state, and community entities, DSU asks you to answer the following two questions:  
(a) Do you consider yourself to be Hispanic/Latino? Yes \_\_\_\_\_ No \_\_\_\_\_  
(b) In addition, select one or more of the following racial categories to describe yourself:  
American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_  
Black or African American \_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_  
White \_\_\_\_\_
11. Have you previously applied or enrolled in the Delta State University Robert E. Smith School of Nursing? \_\_\_Yes \_\_\_No  
If yes, list dates: \_\_\_\_\_ Under what name \_\_\_\_\_
12. The following statements, documents, and forms must be submitted by the appropriate deadline before this application for admission is considered. **It is the applicant's responsibility to ensure that all documentation is received in the Robert E. Smith School of Nursing.**  
A. Admission to Delta State University either as undergraduate or graduate student  
B. Advanced Role in Nursing statement as noted in this application.  
C. Transcripts from all colleges and universities attended. A student entering the Robert E. Smith School of Nursing who wants to receive credit for prior nursing course(s) from another program must submit a request and credit be negotiated before admission to the School of Nursing and not after the student is enrolled.  
D. Three current (<1 year) letters of professional/academic reference using Robert E. Smith School of Nursing criteria and forms. One reference must be academic in nature. (See #19 on this application for details.)  
E. Copy of a current license or privilege to practice nursing as a Registered Nurse in Mississippi. Individuals who hold a restricted license may or may not be eligible for admission.  
F. GRE combined (verbal & quantitative) score  $\geq 800$  ( $\geq 280$  on new test); analytical score  $\geq 3.5$ . Score must have been obtained in the past 5 years (\*Note – GRE score not required for Post MSN)  
G. Resume as noted in this application.

**NOTE:** Applicants must complete an interview conducted by the Robert E. Smith School of Nursing faculty prior to admission. You will be contacted to schedule an interview date once your application packet is **complete and admission requirements met** in the Robert E. Smith School of Nursing.

\*If the information necessary to process this application is located under a different name, please include such name(s) in the space provided.

\*\*This information is requested in compliance with Title VI and Title IX of the Civil Rights Act of 1964. It in no way affects the processing of your application. The information will be used to determine the effectiveness of our recruitment efforts and the characteristics of students who are applying to the School of Nursing. This information is optional and will not affect your candidacy for admission.

Delta State University is committed to a policy of equal employment and educational opportunity. Delta State University does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or veteran status. This policy extends to all programs and activities supported by the University.

13. In the space below, list in chronological order, ALL colleges, universities and professional schools (include nursing) attended. (Include any you plan to attend prior to enrollment.) An OFFICIAL transcript from EACH college, university or professional school is required. Begin with the first school attended.

MONTH & YEAR ATTENDED FROM TO		NAME OF SCHOOL	LOCATION CITY,STATE,ZIP	MAJOR	DIPLOMA/DEGREE & DATE (CONFERRED OR EXPECTED)

(If additional space is necessary, use separate sheet)

14. List below all courses in progress or planned prior to enrollment.

TERM	YEAR	EXACT COURSE TITLE	COURSE NUMBER	SEM. CREDIT HRS	NAME OF SCHOOL

(If additional space is necessary, use separate sheet)

15. If you have been employed during or after college, or have served in the armed services, list your employers or military service and type of work in chronological order, starting with the most recent.

NAME OF FIRM OR ORGANIZATION	FROM	TO
Street Address	Month Year	Month Year
City and State	Title _____	
Name & Title of Immediate Supervisor	Job Duties _____	

NAME OF FIRM OR ORGANIZATION	FROM	TO
Street Address	Month Year	Month Year
City and State	Title _____	
Name & Title of Immediate Supervisor	Job Duties _____	

(If additional space is necessary, use separate sheet)

16. B.S.N. Degree: Year received \_\_\_\_\_ N.L.N./C.C.N.E. Accredited Program \_\_\_Yes \_\_\_No  
 Institution \_\_\_\_\_  
 Was applicant an R.N. prior to receiving B.S.N. \_\_\_Yes \_\_\_No (Diploma \_\_\_\_\_ Assoc. \_\_\_\_\_ Year \_\_\_\_\_)

17. Basic Statistics:  Yes (Institution taken/Course #/Date \_\_\_\_\_)  
 No (Anticipated location and time of completion \_\_\_\_\_)

Research Course:  Yes (Institution taken/Course #/Date \_\_\_\_\_)  
 No (Anticipated location and time of completion \_\_\_\_\_)

Advanced Pathophysiology:  Yes (Institution taken/Course #/Date: \_\_\_\_\_)  
 No (Anticipated location and time of completion \_\_\_\_\_)

18. Licensure as a Registered Nurse in the U.S.A. or Territories (Nurse Practitioner applicants must have at least one year of continuous clinical nursing experience with patient contact as a Registered Nurse within the past three years).

State(s) licensed in \_\_\_\_\_ License Number(s) \_\_\_\_\_

19. References for admission to the Graduate Program: Three current (<1 year) letter of professional/academic reference, using the Robert E. Smith School of Nursing criteria and forms attached. References should be from employers or persons from an academic program (basic or graduate) who can provide data on your professional competence (at least one reference must academic in nature). Applicants should send the request forms to the individuals they wish to provide references and indicate that they are to be returned directly to the Robert E. Smith School of Nursing. Applicant should follow-up with references to insure that they are received at the Robert E. Smith School of Nursing by the application deadline.

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Please list the names of the persons whom you will ask to provide references (**at least one reference must be academic in nature**).

1. \_\_\_\_\_ (Academic \_\_\_\_\_ Professional \_\_\_\_\_)
  2. \_\_\_\_\_ (Academic \_\_\_\_\_ Professional \_\_\_\_\_)
  3. \_\_\_\_\_ (Academic \_\_\_\_\_ Professional \_\_\_\_\_)
- 
- 

I understand that applications are not regarded as “complete” until all supporting papers have been received; therefore, it is in my interest to see that all required forms are submitted as promptly as possible. It is also my understanding that official transcripts sent from each institution attended must be received by application deadline and at the end of each successive semester or quarter for as long as my application is being considered. Official transcripts showing course work in progress after acceptance into the program must also be supplied.

I hereby make application to the Robert E. Smith School of Nursing and agree to abide by the regulations of the Robert E. Smith School of Nursing and to accept responsibility for payment of all charges incurred while I am a student. I further declare that the information on this application is complete and accurate, to the best of my knowledge. I understand that willfully withholding information or making false statements on this application may be used as the basis for denial of admissions or for the basis of dismissal if enrolled in the Robert E. Smith School of Nursing Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*Pending approval by Southern Association of Colleges and Schools Commission on Colleges*

Return this Data Form to: Delta State University  
Robert E. Smith School of Nursing  
P. O. Box 3343  
Cleveland, MS 38733

## **Advanced Role in Nursing Statement and Resume**

You must submit an Advanced Role in Nursing Statement and a Resume as part of your application to the Robert E. Smith School of Nursing DNP Program.

### **Advanced Role in Nursing Statement:**

This narrative is a very important part of your application. The quality of the Advanced Role in Nursing Statement is often crucial in admission decisions, since it may provide the Graduate Faculty Committee members the only first-hand example of your writing skills and your ability to express your ideas in a clear, logical, and coherent manner.

Please address EACH of the following in your Advanced Role in Nursing Statement:

- a. Describe your understanding of the advanced role in your chosen area of concentration.
- b. Upon obtaining this degree/certification, discuss how you plan to utilize your knowledge to benefit the community of interest.
- c. Discuss/list any previous research projects and potential topic(s) of interest for the advanced role.
- d. Project your future career goals in the advanced role for the next five years.

Consider this your opportunity to communicate with the Graduate Faculty Committee members about your professional background and reasons for pursuing a graduate degree in the specified role concentration at this point in your career.

The Advanced Role in Nursing Statement should be **two to four typed, double-spaced pages** and should focus in detail on all the elements noted above. The document should be submitted with your application.

### **Resume:**

Along with standard resume information (work experience, academic & continuing education, certifications, professional memberships [identify leadership roles, if applicable], and community service) include the following:

- RN license number (including state of licensure)
- Professional honors & awards

DELTA STATE UNIVERSITY  
 ROBERT E. SMITH SCHOOL OF NURSING  
 REFERENCE FOR THE DOCTOR OF NURSING PRACTICE PROGRAM

I, \_\_\_\_\_, am applying for admission to the Delta State University Robert E. Smith School of Nursing Graduate program. To assist the School of Nursing in evaluating my application, will you please complete and return this reference to the address below. All completed forms will be treated confidentially.

Please return form to: Delta State University  
 Robert E. Smith School of Nursing  
 P. O. Box 3343  
 Cleveland, MS 38733

Please evaluate the applicant to the Doctor of Nursing Practice Program at Delta State University on the following characteristics:

	<u>Exceptional</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>No Information</u>
Overall Integrity	_____	_____	_____	_____	_____
Caring Attributes	_____	_____	_____	_____	_____
Research Ability/Knowledge	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Collegiality	_____	_____	_____	_____	_____
Clinical Performance	_____	_____	_____	_____	_____
Potential for Advanced Nursing Practice	_____	_____	_____	_____	_____

I think that his/her grades do \_\_\_\_\_ do not \_\_\_\_\_ N/A \_\_\_\_\_ represent his/her level of ability.

How long have you known the applicant? \_\_\_\_\_

Under what circumstances? \_\_\_\_\_

Please make any comments that you think would assist faculty members in evaluating the candidate's application.  
 (any additional comments attach)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Where would you rate the applicant regarding potential for graduate study?

\_\_\_\_Recommend highly    \_\_\_\_Recommend    \_\_\_\_Recommend with reservations    \_\_\_\_Not recommend

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name (Please Print)

\_\_\_\_\_  
 Institution/Agency

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City/State

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 Email

DELTA STATE UNIVERSITY  
 ROBERT E. SMITH SCHOOL OF NURSING  
 REFERENCE FOR THE DOCTOR OF NURSING PRACTICE PROGRAM

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	<u>Exceptional</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>No Information</u>
Overall Integrity	_____	_____	_____	_____	_____
Caring Attributes	_____	_____	_____	_____	_____
Research Ability/Knowledge	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Collegiality	_____	_____	_____	_____	_____
Clinical Performance	_____	_____	_____	_____	_____
Potential for Advanced Nursing Practice	_____	_____	_____	_____	_____

I think that his/her grades do \_\_\_\_\_ do not \_\_\_\_\_ N/A \_\_\_\_\_ represent his/her level of ability.

How long have you known the applicant? \_\_\_\_\_

Under what circumstances? \_\_\_\_\_

Please make any comments that you think would assist faculty members in evaluating the candidate's application.  
 (any additional comments attach)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Where would you rate the applicant regarding potential for graduate study?

\_\_\_\_ Recommend highly    \_\_\_\_ Recommend    \_\_\_\_ Recommend with reservations    \_\_\_\_ Not recommend

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name (Please Print)

\_\_\_\_\_  
 Institution/Agency

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City/State

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 Email

DELTA STATE UNIVERSITY  
 ROBERT E. SMITH SCHOOL OF NURSING  
 REFERENCE FOR THE DOCTOR OF NURSING PRACTICE PROGRAM

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Please return form to:           Delta State University  
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   P. O. Box 3343  
   Cleveland, MS 38733

Please evaluate the applicant to the Doctor of Nursing Practice Program at Delta State University on the following characteristics:

	<u>Exceptional</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>No Information</u>
Overall Integrity	_____	_____	_____	_____	_____
Caring Attributes	_____	_____	_____	_____	_____
Research Ability/Knowledge	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Collegiality	_____	_____	_____	_____	_____
Clinical Performance	_____	_____	_____	_____	_____
Potential for Advanced Nursing Practice	_____	_____	_____	_____	_____

I think that his/her grades do \_\_\_\_\_ do not \_\_\_\_\_ N/A \_\_\_\_\_ represent his/her level of ability.

How long have you known the applicant? \_\_\_\_\_

Under what circumstances? \_\_\_\_\_

Please make any comments that you think would assist faculty members in evaluating the candidate's application.  
 (any additional comments attach)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where would you rate the applicant regarding potential for graduate study?

\_\_\_\_Recommend highly    \_\_\_\_Recommend    \_\_\_\_Recommend with reservations    \_\_\_\_Not recommend

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Institution/Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

**DELTA STATE UNIVERSITY  
ROBERT E. SMITH SCHOOL OF NURSING  
DOCTOR OF NURSING PRACTICE PROGRAM  
APPLICATION PROCESS**

**DELTA STATE UNIVERSITY (DSU)** – students interested in applying to the Robert E. Smith School of Nursing (RESSON) Doctor of Nursing Practice (DNP) Program must apply for admission to the university, complete all university requirements for admission, and receive an acceptance letter prior to beginning the program.

1. Apply to DSU
  - a. Online ([www.deltastate.edu](http://www.deltastate.edu))
    - i. Go to Undergraduate Admissions [**Post RN**]
    - ii. Go to Graduate and Continuing Studies [**Post BSN/ MSN**]
  - b. Complete all admission requirements
  - c. Students will receive an acceptance letter to Delta State University from Undergraduate and/or Graduate and Continuing Studies when requirements have been met
    - i. ALL requirements must be met before students can receive a PIN number to register for courses

**ROBERT E. SMITH SCHOOL OF NURSING** - students must complete the RESSON DNP Program application; complete all requirements; and receive an acceptance letter from the RESSON prior to beginning the program.

2. Apply to RESSON DNP Program
  - a. Online ([www.deltastate.edu](http://www.deltastate.edu))
    - i. Go to Nursing, Program of Study, DNP Application
  - b. Application packets are also available at DSU Robert E. Smith School of Nursing
    - i. Room #137
    - ii. Mrs. Judy Haney 662-846-4255.
  - c. Complete all admission requirements
    - i. Verify completion of all requirements by contacting Judy Haney in the RESSON @ 662-846-4255
  - d. Schedule an interview with DSU RESSON graduate faculty  
(See **Scheduling an Interview with the RESSON Graduate Faculty Committee**)



- e. Receive an acceptance/denial letter from the Robert E. Smith School of Nursing
- f. Return the acceptance letter on or before the deadline

**DSU ROBERT E. SMITH SCHOOL OF NURSING**  
**DNP (Post RN) DEGREE ADMISSION REQUIREMENTS CHECKLIST**

- \_\_\_\_\_ GPA of 3.0 or better on a 4.0 scale upon entry into the program with an overall 3.2 GPA upon completion of the Bachelor of Science in Nursing degree.
- \_\_\_\_\_ A grade of “C” or better in all non-nursing (pre-requisite) support courses
- \_\_\_\_\_ Complete Robert E. Smith School of Nursing DNP Program Application
- \_\_\_\_\_ Complete written advanced role in nursing statement as noted in the Robert E. Smith School of Nursing DNP Program Application
- \_\_\_\_\_ Three current (<1 year) letters of professional/academic reference. At least one reference must be academic in nature
- \_\_\_\_\_ Copy of current licensure or privilege to practice nursing as a Registered Nurse in Mississippi
- \_\_\_\_\_ A combined (verbal & quantitative) score  $\geq 800$  ( $\geq 280$  on new test) and analytical score  $\geq 3.5$  on the Graduate Record Exam (GRE) by completion of the BSN degree requirements [score must have been obtained in the past 5 years]
- \_\_\_\_\_ At least one year of continuous clinical nursing experience with patient contact as a Registered Nurse within the past three (3) years by completion of the BSN degree requirements
- \_\_\_\_\_ Submission of a resume (see additional information provided)
- \_\_\_\_\_ Complete the interview process with the Robert E. Smith School of Nursing Graduate Faculty Committee with a score of 50 or better
- \_\_\_\_\_ Complete writing sample during interview (if required)
- \_\_\_\_\_ A grade of “C” or better on a graduate level pathophysiology course either by completion of the BSN degree requirements or prior to enrolling in all other graduate level courses

**DSU ROBERT E. SMITH SCHOOL OF NURSING**  
**DNP (Post BSN) DEGREE ADMISSION REQUIREMENTS CHECKLIST**

- \_\_\_\_\_ Baccalaureate degree in nursing with a minimum GPA of 3.2 overall
- \_\_\_\_\_ GRE combined (verbal & quantitative) score  $\geq 800$  ( $\geq 280$  on new test)  
GRE analytical score  $\geq 3.5$  [score must have been obtained in the past 5 years]
- \_\_\_\_\_ A grade of “C” or better on an introductory course in statistics
- \_\_\_\_\_ Complete Robert E. Smith School of Nursing DNP Program Application
- \_\_\_\_\_ Complete written advanced role in nursing statement as noted in the Robert E. Smith School of Nursing DNP Program Application
- \_\_\_\_\_ Three current (<1 year) letters of professional/academic reference. At least one reference must be academic in nature
- \_\_\_\_\_ Copy of current licensure or privilege to practice nursing as a Registered Nurse in Mississippi
- \_\_\_\_\_ A combined (verbal & quantitative) score  $\geq 800$  ( $\geq 280$  on new test) and analytical score  $\geq 3.5$  on the Graduate Record Exam (GRE) [score must have been obtained in the past 5 years]
- \_\_\_\_\_ At least one year of continuous clinical nursing experience with patient contact as a Registered Nurse within the past three (3) years
- \_\_\_\_\_ Submission of a resume (see additional information provided)
- \_\_\_\_\_ Complete the interview process with the Robert E. Smith School of Nursing Graduate Faculty Committee with a score of 50 or better
- \_\_\_\_\_ Complete writing sample during interview (if required)
- \_\_\_\_\_ A grade of “C” or better on a graduate level pathophysiology course prior to enrolling in all other graduate level courses

**DSU ROBERT E. SMITH SCHOOL OF NURSING  
DNP (POST MSN) ADMISSION REQUIREMENTS CHECKLIST**

- \_\_\_\_\_ Master of Science degree in Nursing with a minimum GPA of 3.2 overall
- \_\_\_\_\_ Complete Robert E. Smith School of Nursing DNP Program Application
- \_\_\_\_\_ Complete written advanced role in nursing statement as noted in the Robert E. Smith School of Nursing DNP Program Application
- \_\_\_\_\_ Three current (<1 year) letters of professional/academic reference. At least one reference must be academic in nature
- \_\_\_\_\_ Copy of current licensure or privilege to practice nursing as a Registered Nurse in Mississippi
- \_\_\_\_\_ Copy of current national family practitioner certification (ANCC & AANP) [**FNP only**]
- \_\_\_\_\_ At least one year of continuous clinical nursing experience with patient contact as a Registered Nurse within the past three (3) years
- \_\_\_\_\_ Submission of a resume (see additional information provided)
- \_\_\_\_\_ Complete the interview process with the Robert E. Smith School of Nursing Graduate Faculty Committee with a score of 50 or better
- \_\_\_\_\_ Complete writing sample during interview (if required)
- \_\_\_\_\_ A grade of “C” or better on a graduate level pathophysiology course prior to enrolling in all other graduate level courses

**SCHEDULING AN INTERVIEW WITH GRADUATE FACULTY**

The following items must be in the applicant’s RESSON file before an interview with the Graduate Faculty will be scheduled:

- \_\_\_\_\_ A GPA and/or GRE score that meets admission criteria
- \_\_\_\_\_ Completed RESSON DNP Program application
- \_\_\_\_\_ Official transcripts from **all** colleges/universities
- \_\_\_\_\_ Three (3) current (<1 year) letters of professional/academic reference  
**At least one reference must be academic in nature**

- \_\_\_\_\_ Advanced Role in Nursing statement
- \_\_\_\_\_ Resume
- \_\_\_\_\_ Current license or privilege to practice as a Registered Nurse in Mississippi

**(It is the applicant's responsibility to ensure the file is complete on or before the deadline of April 1st)**

### **ADDITIONAL REQUIREMENTS/INFORMATION UPON ACCEPTANCE INTO THE PROGRAM**

- After being accepted for admission, each student will be required to submit a completed health and immunization form provided by the RESSON, evidence of personal health insurance and malpractice insurance [students enrolled in a nurse practitioner track are required to purchase student nurse practitioner malpractice insurance], and current BLS certification on the DNP orientation date.
- Applicants must comply with Mississippi legislative statues and regulations regarding criminal background checks by having fingerprints taken at an approved health care agency (not a police or sheriff's department) and a criminal background check completed. Any cost of this requirement will be the student's responsibility.
- Applicants who want to receive credit for prior nursing course(s) from another program must submit a request and credit be negotiated before admission to the RESSON and not after the student is enrolled. A copy of the course syllabus is required to be on file in the RESSON.
- Proof of total clinical hours completed while enrolled in an FNP program [**Post Master's FNP students ONLY**]