

Emporia State University
Department of Nursing
Application for Admission to the Nursing Major

Date _____, 20 _____

Have you been accepted for admission to Emporia State University? ___ Yes ___ No If no, have you applied for admission to Emporia State University? ___ Yes ___ No

Are you requesting to transfer nursing course credit from another nursing program? ___ Yes ___ No

Your country of origin? _____

Are you an international student? ___ Yes ___ No

Are you a non-native speaker of English? ___ Yes ___ No

Please type or print

1. Legal Name _____
Last First Middle (Maiden)

Last 4 digits of social security number _____

Other names by which previously known _____

ADMISSION STATUS LETTERS WILL BE SENT TO THE PERMANENT ADDRESS UNLESS OTHERWISE INDICATED.

2. Current Address _____
Number & Street City County State Zip

Current Home/Cell Phone _____ Current Work Phone _____

3. Permanent Address _____
Number & Street City County State Zip

How long at permanent county of residence? _____ County of previous residence _____ How long? _____

4. E-mail Address _____

5. List all colleges and universities (including ESU and current enrollment)

<i>Name of school</i>	<i>City</i>	<i>State</i>	<i>Dates Attended</i>	<i>Area of Study</i>	<i>Diploma/ Degree</i>
_____	_____	_____	_____ to _____	_____	_____
_____	_____	_____	_____ to _____	_____	_____
_____	_____	_____	_____ to _____	_____	_____
_____	_____	_____	_____ to _____	_____	_____

For courses not taken at ESU: Send transcripts to:

Office of the Registrar
Emporia State University
1 Kellogg Circle
Emporia, KS 66801-2523

7. Have you ever been a licensed nurse? ___ Yes ___ No If yes, ___ RN or ___ LPN

Are you currently licensed? ___ Yes ___ No

If yes, license number: _____ State: _____ Date of licensure exam: _____ *Note: Enclose a copy of nursing license.*

Have you completed a CNA course? ___ Yes ___ No If yes, CNA certification verification must be attached.

Are you completing a CNA course at the time of application? _____ Yes _____ No

8. Have you ever been convicted of a misdemeanor or felony? ___ Yes ___ No

Has disciplinary action ever been taken or is such action pending on any license or certificate that you hold in Kansas or any other state, territory, country or governmental agency? ___ Yes ___ No

If you answered Yes to either of these questions, please explain in an accompanying letter.

Additional information may be requested as required by the Kansas State Board of Nursing. Be advised that by current Kansas law the Kansas State Board of Nursing may discipline or refuse licensure to applicants with certain arrests, misdemeanors, and felonies. For more information, contact the state board of nursing in the state where you intend to practice. The Department of Nursing reserves the right to refuse admission or progression to an applicant or student who has been convicted as a felon, crimes against person, or has otherwise committed offenses inappropriate for a nurse. Individuals convicted of a felony crime against person WILL NOT be licensed in Kansas. (Please refer to the current Kansas Nurse Practice Act for complete information related licensure and licensure denial at

<http://www.ksbn.org/npa/npa.pdf>)

9. Person to be notified in case of emergency:

Name _____ Relationship _____

Telephone Number _____

Address _____
Number & Street City State Zip

10. Answer the following questions. If necessary, you may use extra paper.

A. *Why did you choose professional nursing as a career?*

B. *If you are making a complete change of educational goals or career, please explain.*

C. *Is there anything in your academic record which needs explaining (e.g., incompletes, grades, withdrawals, poor semester, pass/fail scores)?*

D. *If you are currently enrolled or taking college courses please list the school and the courses in which you are enrolled.*

E. *Applicants need to complete a written request for special consideration if taking summer school courses as per the admission policies. In the letter please include the school and list courses. Please be specific.*

F. *Describe how you have demonstrated commitment to yourself and/or others in your life.*

- G. Describe how you have shown compassion to others in your life.
- H. Describe how you have demonstrated leadership skills and abilities in your life.
- I. Describe the strengths/assets you feel you would bring to the profession of nursing.
- J. Describe any commitments that might conflict with the demands of the nursing program.

I hereby certify that the information I have given in this application is accurate and complete to the best of my knowledge.

Signature _____ Date _____
 (Must be witnessed by a notary public)

Subscribed and sworn to before me this _____ day of _____, 20____.

State of _____ County of _____

 Signature-Notary Public

Commission Expires:

AN APPLICATION FEE OF \$25.00 MUST BE SUBMITTED WITH THIS FORM. (Checks, money order, or cash only. Checks or money orders made payable to the ESU Department of Nursing). THE APPLICATION FEE IS NOT REFUNDABLE.

It is the applicant's responsibility to be certain that all application materials (application form, application fee, TEAS results, and transcripts) have been received by the Department.

Each qualified applicant is considered individually without regard to age, race, color, religion, gender, national origin or ancestry, sexual orientation, disability, Vietnam Veterans status, or other factors which lawfully cannot be considered. The University is an equal opportunity institution.

The Department of Nursing serves the right to refuse admission or progression to an applicant or student who cannot meet, with reasonable accommodations, the functional abilities to practice safely and effectively as defined by the National Council of State Boards of Nursing, Inc. (1996).

If you have questions or concerns, please contact the ESU/Department of Nursing office, 620-341-4441.

Application Deadline: MAY 1

**Be sure that you complete all components of the
ESU/Department of Nursing “application procedure” as directed in the
ESU/Department of Nursing Admission Policies.**

Submit this completed application form and fee to:

ESU/Department of Nursing

Cora Miller Hall

1127 Chestnut Street

Emporia, KS 66801-2523