Dear Prospective Post-masters DNP Student:

Thank you for your interest in the Doctor of Nursing Practice (DNP) degree program at Wichita State University (WSU). We invite you to apply for the spring 2016 class by completing the following two phases:

1. Apply to the WSU Graduate School and submit two copies of official transcripts for all colleges/universities attended. You can apply online at http://webs.wichita.edu/gradsch or by mail or in person. Complete this application prior to the October 15, 2015 deadline.

2. Complete the School of Nursing application and mail your completed application back to us by October 15, 2015.

Prerequisites to the DNP program include a graduate level statistics course approved by the Graduate Nursing Program and taken within the last six years. Courses in the DNP curriculum are sequenced and all courses are not offered every semester, so you are advised to work closely with your DNP faculty adviser.

To complete the School of Nursing application fill out all of the attached forms including the DNP Application Checklist, sign the application, request your references, and send your completed School of Nursing application to the following address: School of Nursing Graduate Program, Wichita State University, 1845 Fairmount, Wichita, Kansas 67260-0041. Admission priority will be given to applicants who have met all criteria.

Please contact the Graduate Nursing Program for questions about the application. We look forward to receiving your completed application.

Sincerely,

Alicia Huckstadt, PhD, APRN, FNP-BC, GNP-BC, FAANP  
DNP Graduate Director & Professor  
AH/am

Enclosures
Graduate Program
DNP Application Checklist for Spring 2016
Post-Masters Entry

Prior to admission consideration, accepted students must meet the DNP admission criteria.

Application Procedure – Applications with all supporting documents must be submitted by October 15, 2015 for Spring 2016 semester admission. Late applications will not be reviewed until all timely applicants have been processed and will be reviewed only if space is available.

Send all materials to:
Wichita State University
Graduate Nursing Program
1845 N. Fairmount
Campus Box 41
Wichita, KS  67260-0041

For All Applicants:
Place a checkmark in front of your completed items prior to submission of your application materials:

_______ 1. Meets Admission Requirements for the MSN (BSN from nationally accredited nursing program; GPA of 3.25 in last 60 hours, 3.0 in undergraduate nursing courses, 3.0 in selected science courses; coverage of professional liability insurance at specified level; computer literacy; meets technical standards)

_______ 2. Prerequisite – Graduate level Statistics course within the last 6 years (minimum 3 credit hours)

_______ 3. Admission to Wichita State University Graduate School

_______ 4. Application for the DNP – Complete all areas of the form including:
    _____ Current registered nurse license
    (if not Kansas, must have Kansas license prior to admission)
    _____ Program Interest & Requested Focus/Specialization
    _____ Goals/Essay - A maximum of 1000 word essay
    _____ Resume or Curriculum Vitae

_______ 5. References – Complete top section and provide forms to your three references

Interview: In some cases, applicants may be notified to the date and time of an interview. Interviews are evaluated and provide information to the Admissions Committee.
**Action on Admission:** The Admissions Committee will select the best qualified applicants for the DNP program based on a composite assessment of:

- Academic performance on all coursework taken, with particular emphasis on the sciences (because of their relationship to assessing analytical problem-solving abilities), relevance to selected DNP focus, patterns of course withdrawals and course repeats, and the nature of course selections.
- Applicant-supplied information and statements on the application forms and essay.
- Responses from References.
- If necessary, a personal interview with representatives of the Admission Committee.
- Writing and verbal communication skills.
- Completeness of application forms.

Admissions will be granted to the most highly qualified applicants. The next most highly qualified applicants will have their names placed on a waiting list. Some students may not be admitted. They will be referred to appropriate advising offices for assistance.
Please complete the following information, obtain references, and submit for review:

1. PERSONAL INFORMATION

Name & previous name(s)__________________________________________________________

Address (permanent):________________________________________________________________

Address (mailing):____________________________________________________________________

Contact Phone:_________________Email:________________________________________

WSU ID_________________Citizenship (if not US, country of origin)

Are you licensed as a registered nurse? Yes___No___If yes, what state?____________________
(A copy of your valid State of Kansas nursing license is required prior to admission)

2. PROGRAM INTEREST

Place a checkmark in the program for which you are intending to apply and fill in the blanks for when you want to enter the DNP program:

Post-masters Entry_____________
Applying to Enter – Year & Semester _______________________

3. REQUESTED FOCUS (SPECIALIZATION)

Place a checkmark for the one focus you are applying:

INDIVIDUAL/FAMILY FOCUS:
Acute Care NP_____Family NP_____Psychiatric/Mental Health NP______Adult CNS_____

Complete the following information:

4. Previous Colleges/Universities

Institution Location Dates of Attendance Mo & Year Degree Awarded (Expected)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

5. List the last 5 years of your REGISTERED NURSE & ARNP (if any) Employment

Agency Address (include City, ST Zip) Dates of Employment, Position, Supervisor
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

6. CURRENT RESUME OR CURRICULUM VITAE – Attach a copy
7. **THREE CURRENT PROFESSIONAL REFERENCES**
Obtain references using the reference forms provided. Complete Section A of the reference forms and mail to each of your three selected references listed below:
- Two colleagues (ARNP or Physician) or supervisors from your advanced nursing practice who can address your professional competency and leadership, and
- One from a graduate nursing academic advisor or graduate nursing faculty member who can address your academic achievement and potential or ability to function in the advanced practice role.

8. **GOALS/ESSAY** – Your essay will be evaluated on content and writing abilities.
If admitted, this essay will also be used to help tailor the learning experience toward the individual’s area of interest. Attach the following:
A maximum of 1000 words in the form of a typed essay which addresses your:
- Reasons for pursuing the DNP including your professional goals and how the program will enhance your future roles/activities as an advanced practice nurse,
- Focused area of interest in pursuing DNP (e.g., practice area of interest in which you may be interested in developing the final project), and
- Most difficult issues that you anticipate while in the DNP program and your plans to handle them.

9. **CERTIFICATION/EXPERIENCE**—For Post-masters entry to Individual/Family Focus
Current national certification in specialization and relevant experience as an advanced practice nurse not listed in item #5. Attach your documentation including copies of current certification and APRN designation with a listing of relevant experience including dates and the supervisor’s name and contact information. *Applicants not meeting this criterion may be considered on an individual basis.*

10. **APPLICANT AGREEMENT & SIGNATURE/DATE**
I certify that the information recorded on this application is true and correct.

___________________________________________              __________
Applicant Signature                                     Date

Following receipt of application materials, an interview may be required. Selected applicants will be notified of the date, time, and location for the interview. Interviews are evaluated and provide information to the Admission Committee.

*Accepted students must meet the admission criteria for the DNP program (GPAs, prerequisites), and be admitted to Wichita State University Graduate School.*

**Mission and Vision Statement**
The School of Nursing mission is to improve the health of the community (public good) by inspiring change in health care (cultural/economic driver) through innovation and excellence in nursing education, scholarship, practice, and service (essential educational driver).

**Vision:** INSPIRE INNOVATE EXCEL

**Notice of Nondiscrimination**
Wichita State University does not discriminate in its programs and activities on the basis of race, religion, color, national origin, gender, age, sexual orientation, marital status, political affiliation, status as a veteran, genetic information or disability. The following person has been designated to handle inquiries regarding nondiscrimination policies: Executive Director, Office of Equal Employment Opportunity, Wichita State University, 1845 Fairmount, Wichita KS 67260-0138; telephone (316) 978-3186.
Recommendation Form
Doctor of Nursing Practice (D.N.P.) Program

Section A: To be completed by the applicant:

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to recommendations. The choice of the applicant regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.

__ I do waive   __ I do not waive my right to inspect the contents of the following recommendation

Signed ___________________________ Date __________________________

Section B: To be completed by the person serving as a reference.

Please check the small box preceding your response to each of the following attributes:

<table>
<thead>
<tr>
<th>ATTRIBUTES</th>
<th>(4) Outstanding</th>
<th>(3) Above Average</th>
<th>(2) Satisfactory</th>
<th>(1) Below Average</th>
<th>Unable To Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT NURSING KNOWLEDGE</td>
<td>☐ Recognized by peers for expertise</td>
<td>☐ Stays current</td>
<td>☐ Familiar with most general information</td>
<td>☐ Possesses limited current information</td>
<td>☐</td>
</tr>
<tr>
<td>CREATIVITY/INNOVATION</td>
<td>☐ Generates new ideas; grasps new information easily, great intellectual curiosity</td>
<td>☐ Contributes to development of new ideas; grasps new information.</td>
<td>☐ Supports the development of new ideas; deals adequately with information.</td>
<td>☐ Maintains status quo; requires assistance with new information</td>
<td>☐</td>
</tr>
<tr>
<td>ACCOUNTABILITY</td>
<td>☐ Thoroughly accountable for own actions</td>
<td>☐ In general accepts responsibility for own actions</td>
<td>☐ Gives excuses for own actions</td>
<td>☐ Projects blame on others as reason for own actions</td>
<td>☐</td>
</tr>
<tr>
<td>WRITTEN COMMUNICATION SKILLS</td>
<td>☐ Outstanding in the written expression of ideas</td>
<td>☐ Expresses ideas logically and succinctly in writing most of the time</td>
<td>☐ Uses correct grammar and punctuation but has trouble with logical order</td>
<td>☐ Has some trouble with logical order, grammar/punctuation</td>
<td>☐</td>
</tr>
<tr>
<td>ORAL COMMUNICATION SKILLS</td>
<td>☐ Very articulate; outstanding command of language</td>
<td>☐ Articulates ideas clearly and logically</td>
<td>☐ Articulates fairly well but order of ideas is not always logical</td>
<td>☐ Weak in oral skills including command of language</td>
<td>☐</td>
</tr>
<tr>
<td>ATTRIBUTES</td>
<td>(4) Outstanding</td>
<td>(3) Above Average</td>
<td>(2) Satisfactory</td>
<td>(1) Below Average</td>
<td>Unable To Judge</td>
</tr>
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<tr>
<td>PERSEVERANCE</td>
<td>□ Focused on goals; completes tasks; overcomes obstacles</td>
<td>□ Completes tasks with appropriate direction</td>
<td>□ Usually focused; completes most tasks; requires some directions</td>
<td>□ Not well-focused; rarely completes tasks without direction</td>
<td>□</td>
</tr>
<tr>
<td>ORGANIZATION</td>
<td>□ Prioritizes and accomplishes tasks independently</td>
<td>□ Organizes work and accomplishes tasks with minimal direction</td>
<td>□ Reorganizes efficient ways of accomplishing tasks with some direction</td>
<td>□ Variable efficiency in managing tasks</td>
<td>□</td>
</tr>
<tr>
<td>LEADERSHIP</td>
<td>□ Forceful leader; promotes top performance from others</td>
<td>□ Influences and inspires others; gets job done well</td>
<td>□ Receives routine cooperation; gets job done satisfactorily</td>
<td>□ Frequent difficulty in obtaining cooperation; or getting job done</td>
<td>□</td>
</tr>
<tr>
<td>DECISION MAKING</td>
<td>□ Excellent in considering consequences of decisions and taking appropriate action</td>
<td>□ Generally competent in making decisions and taking action on them</td>
<td>□ Analyzes a situation correctly but has difficulty deciding on a course of action</td>
<td>□ Has difficulty analyzing problems and arriving at decisions</td>
<td>□</td>
</tr>
<tr>
<td>ADAPTABILITY/TOLERANCE</td>
<td>□ Highly flexible; can handle many varied assignments</td>
<td>□ Usually learns new assignments with normal supervision</td>
<td>□ Average amount of guidance needed to learn variety of duties</td>
<td>□ Has some difficulty when shifted to new/different assignments</td>
<td>□</td>
</tr>
<tr>
<td>RELIABILITY/DEPENDABILITY</td>
<td>□ Consistently reliable; needs minimal or no supervision</td>
<td>□ Usually meets responsibilities carefully and correctly</td>
<td>□ Usually can be depended upon, needs guidance on important matters</td>
<td>□ Somewhat unreliable; requires occasional check on routine tasks</td>
<td>□</td>
</tr>
<tr>
<td>STRESS TOLERANCE</td>
<td>□ Works well under pressure; enjoys challenges and problems</td>
<td>□ Tolerates pressure; tolerates crises better than most</td>
<td>□ Has an average tolerance for crises; usually remains calm</td>
<td>□ Occasionally goes to pieces under pressure; is &quot;jumpy&quot; and nervous</td>
<td>□</td>
</tr>
<tr>
<td>OVERALL POTENTIAL FOR GRADUATE STUDY</td>
<td>□ Highly likely to be successful in graduate studies</td>
<td>□ Likely to be successful in graduate studies</td>
<td>□ Has potential for success in graduate studies</td>
<td>□ Likely to have some difficulties in graduate studies</td>
<td>□</td>
</tr>
</tbody>
</table>
Section C: Identification information and signature of the person serving as a reference:

Name _____________________________________ Credentials ______________________________________

Position __________________________________________________________________________________

Place of Employment _______________________________ Business Phone _____________________________

Length of time you have known the applicant: ________________________

Capacity in which you have known the applicant: (Please check all that are applicable.)

☐ Personally  ☐ As a professional colleague

☐ As a nursing student  ☐ Only casually

☐ Other (please explain) ______________________

Signature of reference___________________________   Date____________________

Thank you for completing.

PLEASE MAIL THE COMPLETED REFERENCE FORM TO:
DNP -Graduate Nursing Program
School of Nursing, Box 41
Wichita State University
1845 Fairmount
Wichita, KS  67260-0041
(Telephone 316-978-5704)

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05/2015