

Ethnicity (optional): _____

CITIZENSHIP (CHECK APPROPRIATE BOXES AND COMPLETE RELEVANT INFORMATION)

Are you a U.S. Citizen? ___ Yes ___ No If no, Country of Birth: _____

Country of Citizenship: _____

Do you currently have a U.S. Visa? ___ Yes ___ No If yes, what type? _____ (Specify)

CONFIDENTIAL INFORMATION: Clinical placements may require background checks and drug screens. *In certain situations, investigative background reports are ongoing and may be conducted at any time. Access to the program may be denied at any time by the clinical agency or Lincoln Memorial University.*

Are you currently on probation, parole, under court restriction or have you ever been convicted of a crime other than a minor traffic violation? ___ Yes ___ No

If yes, attach a letter of explanation.

Has any academic or disciplinary action been taken against you at any college or university you have previously attended? ___ Yes ___ No

If yes, attach a letter of explanation.

REFERENCES: On the application instruction sheet, you are asked to submit references from a minimum of three healthcare professionals. At least two must from be nursing professionals with graduate degree. Please list the name, address and position of each:

| Name | Address | Position |
|------|---------|----------|
| | | |
| | | |
| | | |

Basic Life Support expiration date: _____ Advance Cardiac Life Support expiration date: _____

Pediatric Life Support expiration date: _____

LICENSURE INFORMATION:

An unencumbered Tennessee license is required prior to enrolling in clinical courses in Tennessee. Clinical placement in neighboring states may require additional licensure.

In which states are you licensed as a Registered Nurse?

State: _____ License Number: _____ Expires: _____

State: _____ License Number: _____ Expires: _____

Experience: Number of years/month _____ in adult acute care. Where _____

COMPLIANCE STATEMENT

I hereby certify that the information I have provided in this application is accurate and complete. I understand that the misrepresentation or omission of facts is sufficient for denial or dismissal from the program.

Signature _____ **Date** _____

Please send **ALL** completed application materials (this application, your letter, 3 sealed letters of reference, resume) along with a check for \$25 to: **Lincoln Memorial University, Caylor School of Nursing, Graduate Nursing Office, 6965 Cumberland Gap Parkway, Harrogate, Tennessee, 37752.**

Lincoln Memorial University is an equal opportunity institution and welcomes applications for employment or admission regardless of race, creed, color, national or ethnic origin, gender, sexual orientation, age, disability or religion.

How did you hear about our program? _____

Please evaluate the applicant in the following areas:

INTELLECTUAL ABILITY

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

INTEGRITY

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

CLINICAL JUDGMENT

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

EMOTIONAL MATURITY

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

DISPOSITION/ATTITUDE

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

COOPERATION

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

QUALITY OF WORK

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

WORK ETHIC

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

MOTIVATION TO PURSUE ADVANCED PRACTICE PREPARATION

____ Excellent ____ Above Average ____ Average ____ Below Average ____ No basis to rate

How would you rate this applicant in overall ability, motivation, and promise compared with other nurses with similar training and experience who wish to attend graduate school?

(Please circle the appropriate number below.)

| 4 | 3 | 2 | 1 | 0 | NA |
|----------------------------------|---|---|---|--|-----------------|
| Equal to the best in any program | Will perform at a superior level in graduate school | Performance should be up to the average of most graduate nursing students | Qualifications are marginal, but warrants further consideration (explain below) | Questionable whether admission to graduate school is warranted (explain below) | Unable to judge |

Remarks: _____

(may attach another sheet if necessary)

Signature _____ Date _____ Title _____

Highest Earned Degree: _____ Telephone _____

Email (optional): _____

Thank you for your assistance.

Please sign, date, & place in the envelope; then please seal & sign the envelope across its seal and return to the applicant.