

DNP Acceptance Packet – Spring Semester 2013

Congratulations on your selection to the University of South Alabama (USA) College of Nursing (CON). Please read the following instructions carefully. In order for new students to be eligible to register for **Spring 2013** courses, the DNP Acceptance Packet must be complete, signed, and postmarked to the USA College of Nursing DNP Program by **Saturday, December 1, 2012**.

The first pages of this packet are designed to provide you with instructions and an understanding about some of the forms in the packet that you will be required to sign and have notarized. Before you begin, please make note of the following items:

1. This Acceptance Packet is a fillable PDF that can be saved to your computer. Therefore, ***handwritten copies of the Acceptance Packet will not be accepted***. If you experience difficulty filling in the form spaces or saving the file, be sure that your Adobe Reader has been updated to the most recent version. If you continue to experience problems, please contact the MSN office for assistance at condnp@usouthal.edu.
2. Please do not staple any of the pages in this packet and do not fold any of the pages in this packet. Every page in this packet, including any official documentation you might provide, will be scanned into our system for easy, efficient electronic storage and access.
3. Please be sure to put your packet in order before you put it in the envelope to be mailed to us. It speeds up processing time considerably when all paperwork is in the correct order. We will provide that order later in the packet.
4. Please type your full name into the following spaces. This form will use the name you type below to automatically put your name into all required spaces throughout the Acceptance Packet.

Last Name

First Name

Middle Name

Background Check Policy and Procedure

The curriculum at the College of Nursing includes, as a condition of admission to the Professional Component of the College of Nursing, each student be required to have a background check, and to submit, as requested, to additional checks once enrolled in the Professional Component. The College of Nursing must certify to clinical agencies where students practice that each student has had an acceptable background screen.

Background Checks Upon Admission to the Professional Component

Students selected for admission to the Professional Component of the College of Nursing are admitted pending the background check. Admission will be withdrawn for students who in the judgment of the Dean and the Admissions committee have been convicted of or have pending a charge that would not be acceptable to our clinical agencies.

Procedure for Background Check

Students selected for admission to the Professional Component will be notified of the procedure to follow for the background check in their letter of admission. Students will be required to follow the procedures established by the College. The background check will be conducted by a qualified agency using established methods and procedures. Confidentiality of the student will be protected.

Background Check After Admission

Background testing for any student in the Professional Component can be requested by the College of Nursing at any time. Refusal by a student to submit to the check will result in that student's dismissal from the Professional Component of the College of Nursing. Depending upon results of the background check, continued participation in the program will be at the discretion of the Dean.

Admission/Readmission After an Adverse Background Check

A student whose admission is withdrawn or who is dismissed from the Professional Component of the College of Nursing due to adverse findings from a background check will be considered for readmission on a case-by-case basis depending upon the particular situation.

Drug Policy and Procedure Statement

The mission of the USA College of Nursing is to provide educational programs to a diverse student body, to participate in research and scholarly activities, and to provide service to the University, the profession, and the public. The College accomplishes this by providing a caring, engaging environment for the empowerment of student learning potential, the professional development of faculty, and the promotion of the nursing profession. Therefore, in order to uphold the highest standards of the nursing profession, the College of Nursing has adopted a drug-free environment. As a condition of admission to the professional component of the College of Nursing, each student will be required to submit to a drug test, and to submit, as requested, to additional tests once enrolled in the professional component. The University of South Alabama Statement of Policy regarding drug use is the foundation for this policy statement. However, the USA College of Nursing Drug Policy and Procedure Statement is particular to this College.

Procedure for Drug Testing

Students selected for admission to the professional component will be notified of the procedure to follow for the drug test in their letter of admission. Students will be required to follow the procedures established by the College and should not obtain a drug test prior to being notified. All costs associated with testing are the responsibility of the student.

Tests will be conducted by a qualified laboratory using established methods and procedures. Confidentiality of the student as well as the integrity of the urine sample will be protected. The procedure for collection, as determined by the collection site, will involve a witness to the voiding of the urine sample, securable urine containers, and chain of custody procedures. The urine sample will be screened for drugs. A drug test will be presumed positive if any of the drugs listed in Exhibit A (attached hereto) are found. Presumed positives will be confirmed by a second test from the original urine sample. If the test is positive, the available evidence, including health history, will be used to determine the presence or absence of drug abuse. The testing laboratory will notify the Dean of the College of Nursing with test results. The College of Nursing will ensure confidentiality of results by making the information available only to the student and appropriate College of Nursing Administrators.

Drug Testing after Admission

Drug testing for any student in the professional component can be requested by the College of Nursing. The cost of this drug testing will be borne by the College of Nursing. The procedure for testing as described in the above section, **Drug Testing Procedure**, will be followed. Refusal by a student to submit to testing will result in that student's dismissal from the professional component of the College of Nursing. A student with a positive result from a drug test will be dismissed from the professional component, and referred for counseling at the University of South Alabama Substance Education/Prevention Center (USA-SAEPC). Other appropriate disciplinary action may be initiated as necessary.

Any student who voluntarily reports that they have a chemical dependency problem will be counseled by the Dean's office at the College of Nursing. Conditions, if any, for continued participation in the program will be at the discretion of the Dean. The student will submit to drug tests as requested by the College of Nursing and will be dismissed if a positive drug test is obtained.

Admission/Readmission

A student whose admission is withdrawn or who is dismissed from the professional component of the College of Nursing due to a positive drug test will be considered for readmission if the following conditions are met:

1. Submit to an evaluation for substance abuse by a College of Nursing approved evaluation and/or treatment agency and complete the prescribed treatment program. USA students should call the USA Substance Education/Prevention Center for an evaluation (251-460-7980).
2. Submission to a drug test prior to admission/readmission. This drug test will be at the student's expense. A positive drug test will result in ineligibility for admission/readmission.
3. Submission to random drug tests as requested by the College of Nursing after admittance to the professional component. A positive drug test will result in permanent dismissal from the College of Nursing.

EXHIBIT A

The Medical Professional Panel Drug Screens includes common street drugs and those drugs which health care workers have access to and abuse. Drugs monitored include:

Marijuana
Amphetamines
Barbiturates
Benzodiazepines
Cocaine
Methadone
Opiates
Phencyclidine
Propoxyphene

Honor Code **Academic Integrity**

The University of South Alabama College of Nursing (USACON), as a member of the community of scholars represented by the University at large, adheres to the guidelines for academic integrity set forth in the University's publication, *The Lowdown*. According to *The Lowdown*, ensuring honesty and competence in academic work is the responsibility of both students and faculty. All students, faculty, and staff are responsible for acquainting themselves with, adhering to, and promoting policies governing academic conduct.

As stated in *The Lowdown*, academic misconduct is incompatible with the standards of the academic community. Such acts are viewed as moral and intellectual offenses and are subject to investigation and disciplinary action through due process of established University procedures. Examples of academic misconduct include, but are not limited to, activities such as giving or receiving unauthorized aid on examinations, improperly obtaining a copy of an examination, plagiarism, misrepresentation of information, or altering transcripts or university records. Penalties for academic misconduct may range from the loss of credit for a particular assignment to dismissal from the University. More information regarding procedures for resolution of matters of academic misconduct may be found in *The Lowdown*.

In addition to the general standards of academic conduct expected of the University at large, the USACON recognizes and accepts its specific obligation, as a member of the professional community of nursing, to create and maintain an environment that is supportive of the growth of virtues and excellences necessary for fulfillment of individual and collective ethical obligations of all nurses, regardless of professional role (American Nurses Association Code of Ethics for Nurses [ANACEN], Provision 6). Furthermore, the USACON faculty recognize and accept their obligation to create and maintain an environment which insures safe and effective health care to the public. To that end, the USACON has adopted an Honor Code, the specific basis of which is found in the ANACEN, as a succinct statement of the special obligations incumbent on nurses with respect to academic conduct. The USACON's Honor Code is consistent with the Honor Code of the ANACEN, thus the USACON faculty believe that a commitment to upholding the Honor Code is a justifiable condition of enrollment. Students will affirm commitment to the Honor Code by signing a copy of the Honor Code during the first semester of enrollment in the professional component. Students may be required to reaffirm commitment to the Honor Code by signing an abbreviated statement as part of completion of any graded assignment or exam.

Explanation of Honor Code

The USACON Honor Code is intended to be a systematic description of the basis for and descriptions of conduct that is deemed honorable for the student nurse. Honor, in general, is a commitment to excel in the achievement of virtue, to adhere to core values, and to do what is right. The American Nurses Association, in Provision 6.1 of the Code of Ethics for Nurses, provides relevant background for identifying habits of character that are central values for nurses and thus can be said to be attributes of honor in a nurse. "Virtues are habits of character that predispose persons to meet their moral obligations; that is, to do what is right. Excellences are habits of character that predispose a person to do a job particularly well."

Students adhere to the Honor Code by abstaining from dishonest, deceitful, or fraudulent conduct, and by taking appropriate action to confront dishonest, deceitful, or fraudulent conduct in others when aware of such behavior.

Examples of Honor Code violations include but are not limited to the following:

- Giving or receiving unauthorized aid on tests and examinations. Unauthorized aid may involve:
 - providing or developing written or recorded notes of specific exam questions after taking an exam
 - giving or receiving unauthorized assistance or working in groups while taking online quizzes, exams, or other assignments (this includes, but is not limited to, use of unauthorized written notations or prompts of any sort, and of unauthorized tactile, audio, or electronic memory prompts)
 - observing another student's work or revealing one's own work to another student during any exam
 - obtaining, reproducing, and/or distributing a partial or full copy of any assignment or examination without written consent from faculty
 - using exam material received from others, without faculty verification that use of the material has been approved

- Misrepresenting information includes:
 - plagiarism
 - submitting work that was completed by another person or persons
 - falsifying or fabricating clinical experiences
 - altering transcripts or university records
 - charting or reporting assessments, treatments, or medications that were not performed or administered
 - calling in sick for clinical under false pretenses

- Violating the Health Insurance Portability and Accountability Act (breaching a patient's right to confidentiality)
- Reporting to the clinical area under the influence of any substance, whether prescribed or illicit, that may interfere with the cognitive and/or physical ability to render safe patient care
- Removing hospital or patient property from the premises or its rightful location
- The student nurse acknowledges and accepts the American Nurses Association Code of Ethics for Nurses (ANACEN) as:
 - “a succinct statement of the ethical obligations and duties of every individual entering the profession of nursing,”
 - “the profession’s non-negotiable ethical standard,”
 - “an expression of nursing’s own understanding of its commitment to society.”
- The student nurse accepts the imperative that academic conduct be consistent with the ethical obligations and duties of the profession in general as spelled out in the ANACEN:
 - Provision 3 – “take appropriate action regarding any instances of incompetent, unethical, illegal, or impaired practice.”
 - Provision 4 – “accept and retain accountability and responsibility for the quality of practice and conformity to standards of care.”
 - Provision 5 – “preserve integrity and safety, maintain competence, preserve wholeness of character, and continue personal and professional growth.”
- The student acknowledges that a consequence of academic misconduct may be exposure of patients to unsafe and incompetent health care from unqualified individuals.
- The student accepts that academic conduct involving dishonesty, deceit, or fraud is contrary to the ANACEN and that such conduct may jeopardize the student’s enrollment in the College of Nursing.
- The student pledges to abstain from dishonest, deceitful, or fraudulent academic conduct and to report suspected observations or knowledge of such conduct to faculty.

Please *do not* include these instructions when you send us your finalized Acceptance Packet.

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Background Check and Drug Screen

All new DNP students are required to submit to a Background Check and a Drug Screen. The necessary waivers for each are included in this Acceptance Packet and required to be notarized and submitted along with the Acceptance Packet. The cost of your Background Check and Drug Screen will be approximately \$130.00.

We are able to accept results from CertifiedBackground.com only. Therefore, if you submit your Drug Screen to an unauthorized lab, you will be required to pay for a second Drug Screen through an authorized lab. Please follow the instructions carefully.

Your Background Check must be completed first. After you pay for and submit the Background Check, you will be provided with the necessary information to complete your Drug Screen. You must begin your Background Check and submit the sample for your Drug Screen **before** you submit your Acceptance Packet. It is recommended that you begin this process immediately to avoid any possible delays.

You will order your background check here:

https://www.certifiedbackground.com/cgi-bin/app_selectOrg.pl

The package code is:

NV69 – for residents of all states

Please enter the date you paid for and initiated your Background Check: _____

Please enter the date you submitted your sample for the Drug Screen: _____

Do not include any of the paperwork associated with your Background Check or Drug Screen that you receive from Certified Background or the lab where you submit your sample for the Drug Screen. We will receive a copy of your results directly from the company.

Nursing Experience

1. Please enter the month/date you were first licensed as an RN: _____

2. Have you ever had a break in your licensure? _____

2a. If your answer to #2 was yes, please explain. _____

3. Please list all certifications and Advanced Practice certifications you have and the expiration date for each.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Your Acceptance Letter noted the specific concentration into which you were accepted. Please list all recent, relevant experience you have in that area and the job and position held. If your Acceptance Letter stated that you are a Traditional DNP student, please list the experience relevant to your Advanced Practice certifications and/or your MSN concentration.

Immunizations

Students may self-report immunization dates. In other words, if you list immunization dates below, you are not required to submit supporting documentation. **Please note: this page MUST be filled out completely with all information recorded in the appropriate areas below. Students cannot simply type in “see attached documentation.”**

Titer results must be accompanied by official documentation. Official documentation can be official lab results, an official printout from your health care provider, or an official printout from your employer if your employer is a health care provider. All titer results must be “Positive.” Please **highlight** the titer results on your official documentation. If a student has “Negative” or “Equivocal” titer results, that student is required to receive a booster. Documentation for both the “Negative” or “Equivocal” titer results and the booster are required to be submitted with the Acceptance Packet and noted below.

Adult Tetanus

Immunization is required with a booster every 10 years. Please enter the type and date of your most recent booster.

Vaccine Date: _____

Chickenpox

Vaccine date, titer results demonstrating immunity, or **history of disease*** date is required.

Vaccine Date: _____ OR Titer: _____ OR History of Disease: _____

***If you listed “history of disease” above, you must sign below to affirm that you were infected with Varicella (Chickenpox) during the time period reported above. (Examples of time period: May 1998 or Summer 1998.)**

Signature: _____ (Signature must be handwritten in ink.)

Measles

All students are required to provide immunization dates or titer results demonstrating immunity for Measles. If you were born before January 1, 1957, you may do this through one vaccination or one positive titer result. If you were born on or after January 1, 1957, you may do this through two vaccinations or one positive titer result.

Vaccine #1: _____ OR Titer Date: _____
Vaccine #2: _____ (Titer results must be accompanied by official documentation.)

Mumps

All students are required to provide immunization dates or titer results demonstrating immunity for Mumps. You may do this through one vaccination or one positive titer result.

Vaccine: _____ OR Titer Date: _____
(Titer results must be accompanied by official documentation.)

Rubella

All students are required to provide immunization dates or titer results demonstrating immunity for Rubella. You may do this through one vaccination or one positive titer result.

Vaccine: _____ OR Titer Date: _____
(Titer results must be accompanied by official documentation.)

Hepatitis B

All students are required to provide immunization series dates (three) or titer results demonstrating immunity for Hepatitis B.

Vaccine #1: _____ OR Titer Date: _____
Vaccine #2: _____ (Titer results must be accompanied by official documentation.)
Vaccine #3: _____

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Immunizations continued

Tuberculin Skin Test

Students are required to provide documentation for **ONE** of the following options:

1. Documentation of a recent **QuantiFERON-TB Gold lab test results**.
2. Documentation of a recent **T-SPOT TB lab test results**.
3. Documentation of a **Negative Chest X-Ray** from your health care provider.
4. If your employer requires annual tuberculin skin tests, you may submit documentation of your **Last Two Yearly TB Skin Tests** (must be results from tests performed within the last two years).
5. If your employer does not require annual TB tests, you may provide documentation of a recent **Two-Step PPD**. The **Two-Step PPD** must follow this protocol: *two separate injections must be placed/read one-three weeks apart.*
 - (1) The first test is placed and then read within 48-72 hours.
 - (2) One to three weeks AFTER the initial test, a second test is placed and then read within 48-72 hours.

Two-Step PPD

Injection 1 – Date: _____ Results: _____

Reader's Printed Name: _____

Reader's Printed Title: _____

Reader's Signature: _____

Two-Step PPD

Injection 2 – Date: _____ Results: _____

Reader's Printed Name: _____

Reader's Printed Title: _____

Reader's Signature: _____

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Verification of Physical Examination

All students are required to have a physical examination. Your health care provider should complete the statement below. Return the completed verification with your application packet. **Physicals not more than two (2) years old are acceptable.**

I have examined _____ on _____
(Patient Full Name) (Date)

and have determined that there are no health related reasons which would prohibit this student from participating in the University of South Alabama College of Nursing program.

Health Care Provider Signature

Health Care Provider Printed Name

Health Care Provider Printed Title

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Nursing Student Statement of Continued Health Responsibility

I understand it is my responsibility throughout the program to keep immunizations and TB skin testing current. I agree to inform my clinical instructor(s) or the Chair of the Department of any health problem that could possibly affect my performance or the welfare of my patients in the clinical area. I understand that this disclosure is necessary to protect my health and well-being, as well as the health and well-being of the patients for whom I may provide care.

I have read the above and foregoing and understand my responsibility to advise of health status.

Student's Name

Student's Signature

Date

Witness Name

Witness Signature

Date

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Communicable Disease Statement and Waiver of Liability

During your course of study in Nursing, you may come into contact with patients who have communicable diseases, including patients who are HIV positive or who have hepatitis. You may be exposed to blood or other potentially infectious materials. You will be expected to assume the responsibility for using universal precautions to minimize the risk of disease transmission.

Because you may be at risk of acquiring hepatitis B viral infection, it is required that you be vaccinated with hepatitis B vaccine prior to entry into clinical/practicum nursing courses. This vaccination will be at your own expense.

Your signature below verifies that you have received instruction on universal precautions. The education you received included the following:

1. An explanation of the epidemiology, modes of transmission, and symptoms of blood-borne diseases.
2. A discussion of tasks that may create exposure to blood and body fluids, and methods to reduce exposure through use of protective devices and work practices.
3. Information on the types, proper uses, locations, removal, handling, decontamination, and disposal of personal protective equipment.
4. Information on the hepatitis B vaccine, including its efficacy, safety, method of administration, benefits of vaccination, and how to obtain the vaccine.
5. Information on post exposure evaluations and medical follow-up procedures following an accidental exposure.
6. An explanation of signs/labels and color-coding used to designate hazards in the lab and health care agency.
7. Appropriate reporting procedure should an exposure occur.

I understand that compliance with safety and training requirements is mandatory and the failure on my part to comply may result in my dismissal from the program. I assume the risk (including financial responsibility) of infection inherent in the profession I have chosen. In addition, I hereby release and hold harmless the University, its College of Nursing, its trustees, directors, officers, faculty members and clinical agencies and administrators, employees, servants, and agents, from any and all liability resulting there from.

I have read and understand the statements above. I understand that I may be caring for patients with communicable diseases and may be exposed to potentially infectious materials.

Student's Name

Student's Signature

Date

Witness Name

Witness Signature

Date

I have not received instruction on universal precautions. I request the CON provide instruction for me.
(If you signed above, do not sign below.)

Student's Signature

Date

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Verification of Health Insurance

My signature below signifies that I understand I am responsible for all personal health care expenses including expenses resulting from accident, sickness, illness, or injury while I am engaged in learning experiences required by the USA College of Nursing. The University, the College of Nursing, and the clinical agencies are not responsible for these expenses. I realize that as a student I am required to maintain health care insurance comparable to the University of South Alabama Student Accident and Sickness Insurance Plan.

This is to advise the University that I am currently covered under the following health insurance policy and that the policy will be in effect during my entire clinical course. [A copy of your insurance card is required to be included with the Acceptance Packet.](#)

INSURANCE COMPANY NAME: _____

POLICY HOLDER (SUBSCRIBER): _____

If the insurance is not the University of South Alabama Student Accident and Sickness Insurance Plan, it is my opinion that the above coverage is roughly equivalent to that provided under the University of South Alabama Student Accident and Sickness Insurance Plan.

Signed this _____ day of _____ 2012.

Student's Name

Student's Signature

Date

Witness Name

Witness Signature

Date

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CPR Certification

It is required that all College of Nursing Graduate students be certified in Professional Rescuer CPR or Health Care Provider CPR. Certification that does not meet these requirements will not be accepted. A copy of your current, up-to-date CPR card is required. Written certification of CPR course completion may be included with application if CPR card has not been received prior to the application deadline. Your certification can be obtained through the American Red Cross or the American Heart Association. **Please Note: Online Certifications Will Not Be Accepted.**

Student's Name

Student's Signature

Date

Witness Name

Witness Signature

Date

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**University of South Alabama
College of Nursing**

Background Waiver Agreement

I understand that as a requirement for admission to the University of South Alabama College of Nursing, I must submit to a background check of which the results will be provided to the Dean of the College of Nursing. I understand that I may be denied admission to the College of Nursing Professional Component if the background check is unfavorable. I further understand that I will be subject to background checks while enrolled in the USA College of Nursing. Any adverse findings may result in dismissal from the College of Nursing.

BY SIGNING THIS DOCUMENT, I INDICATE THAT I HAVE READ, I UNDERSTAND, AND I AGREE TO THE USA COLLEGE OF NURSING BACKGROUND CHECK POLICY.

THIS NOTARIZED DOCUMENT CONSTITUTES MY CONSENT FOR BACKGROUND CHECKING BY A USA COLLEGE OF NURSING DESIGNATED VENDOR. IT ALSO CONSTITUTES CONSENT FOR THE VENDOR TO RELEASE THE RESULTS OF MY BACKGROUND CHECK TO THE DEAN OF THE COLLEGE OF NURSING AND FOR THE DEAN TO RELEASE MY BACKGROUND INFORMATION AS REQUIRED TO ANY CLINICAL AGENCY WHERE I AM ASSIGNED.

In Witness Whereof, this instrument is executed this the _____ day of _____ 2012.

WITNESSES:

Witness #1 Signature

Student's Printed Name

Witness #2 Signature

Student's Signature

STATE OF _____

COUNTY OF _____

On this _____ day of _____ 2012, before me appeared _____
to be known to be the person described in and who executed the foregoing instrument.

Given under my hand and seal on the day and year above written.

SEAL

NOTARY PUBLIC

My commission expires: _____

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**University of South Alabama
College of Nursing**

Drug Testing Waiver Agreement

I understand that as a requirement for admission to the University of South Alabama College of Nursing, I must have a drug test at a designated laboratory, which will provide the results of the test to the Dean of the College of Nursing. I understand that if the test result is positive, I will be denied admission to the College of Nursing Professional Component.

I further understand that I will be subject to drug tests while enrolled in the USA College of Nursing. A positive drug test or refusal to submit to testing will result in dismissal from the College of Nursing.

BY SIGNING THIS DOCUMENT, I INDICATE THAT I HAVE READ, I UNDERSTAND, AND I AGREE TO THE USA COLLEGE OF NURSING DRUG TESTING POLICY. I UNDERSTAND THAT A NEGATIVE DRUG TEST IS REQUIRED FOR ADMISSION AND FOR PROGRESSION IN THE COLLEGE OF NURSING.

THIS NOTARIZED DOCUMENT CONSTITUTES MY CONSENT FOR DRUG TESTING BY A COLLEGE OF NURSING DESIGNATED LABORATORY. IT ALSO CONSTITUTES CONSENT FOR THE LABORATORY TO RELEASE THE RESULT OF MY DRUG TEST TO THE DEAN OF THE COLLEGE OF NURSING AND FOR THE DEAN TO RELEASE ANY POSITIVE FINDINGS TO THE APPROPRIATE LICENSING BOARD IF INDICATED.

In Witness Whereof, this instrument is executed this the _____ day of _____ 2012.

WITNESSES:

Witness #1 Signature

Student's Printed Name

Witness #2 Signature

Student's Signature

STATE OF _____

COUNTY OF _____

On this _____ day of _____ 2012, before me appeared _____
to be known to be the person described in and who executed the foregoing instrument.

Given under my hand and seal on the day and year above written.

SEAL

NOTARY PUBLIC

My commission expires: _____

Honor Code **Academic Integrity**

I hereby affirm my knowledge and acceptance of the USA College of Nursing Honor Code as being consistent with the ethical obligations of nursing and solemnly pledge to uphold the Honor Code by abstaining from dishonesty, deceit, or fraud in my academic and professional conduct. I understand and accept that my adherence to the Honor Code is an appropriate requisite for enrollment and participation in this nursing program.

Student's Name

Student's Signature

Date

Witness Name

Witness Signature

Date

Cards

This page and the next page are provided for you to attach copies of your CPR Card, Health Insurance Card, RN License (Required for acceptance), and ARNP Certification (Required if applicable). Please place the applicable cards on this page and make a copy of the front side of the card. Note: If your state has converted to a paperless system and does not issue the RN license in card form, please go online and print out a copy of your RN license information and attach it to this page. Be sure all pertinent licensure information (your name, state name, license number, status, and expiration date) is listed on this documentation. An active RN license is required for admission.

Front Side of CPR Card

Front Side of Health Insurance Card

RN License

ARNP Certification



Please place the applicable cards on this page and make a copy of the back side of the card.

Back Side of CPR Card

Back Side of Health Insurance Card

Back Side of RN License

Back Side of ARNP Certification



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DNP Academic Progression Policy

Students must maintain an overall GPA of 3.0 to remain in the program. Only one grade of “C” can be earned in the MSN to DNP program. A student earning a second “C” or lower will be academically dismissed from the program. Students in the BSN to DNP or Post Master Certificate to DNP programs can have a maximum of two C’s. A maximum of two (2) courses with a grade “C” can be counted towards a degree; however, only one (1) “C” is permitted in support or specialization courses. If a second “C” or lower is earned in a support or specialization course, the course in which the second “C” or lower is obtained must be repeated. A student earning a third “C” or lower will be academically dismissed from the program. A student earning a “D” or “F” in the program will be academically dismissed. Any term in which a graduate student drops below a 3.0 Program GPA, the student is placed on probationary status and has a period of one term to attain a 3.0 Program GPA or be dismissed. A student who has been academically dismissed is not eligible for readmission to the DNP program.

I understand and accept that my adherence to the DNP Academic Progression Policy is an appropriate requisite for enrollment and participation in this nursing program.

Student’s Name

Student’s Signature

Date

Witness Name

Witness Signature

Date

Transfer of 3 P's

The following requested information is **only** for students who have been accepted into a CNS or NP track and have already completed any of the 3 P's (Advanced Pathophysiology, Advanced Pharmacology, Advanced Physical Assessment) prior to being admitted to the USA CNP Program, please complete the following:

Advanced Pathophysiology

School: _____

Semester: _____

Course: _____

Grade: _____

Advanced Pharmacology

School: _____

Semester: _____

Course: _____

Grade: _____

Advanced Physical Assessment

School: _____

Semester: _____

Course: _____

Grade: _____



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Transfer Doctoral Level Courses

Only doctoral-level coursework will be reviewed as possible transfer credit for a doctoral-level course in the University of South Alabama DNP Program Curriculum. Graduate-level courses that are part of an MSN program are not eligible to be considered as transfer credit for a doctoral-level course here at the University of South Alabama.

If you have completed any doctoral-level coursework prior to being admitted to the USA DNP Program and would like these courses to be reviewed for transfer into your DNP program, please identify the school, semester, course title, and grade of each course. This information will be reviewed and we will contact you if additional information is needed.

School: _____

Semester: _____

Course: _____

Grade: _____

Transfer in for USA Course Titled: _____

School: _____

Semester: _____

Course: _____

Grade: _____

Transfer in for USA Course Titled: _____

School: _____

Semester: _____

Course: _____

Grade: _____

Transfer in for USA Course Titled: _____



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Statement of DNP Mandatory Intensive

The Spring 2013 DNP Intensive will be offered online. A DNP Orientation Site will provide asynchronized information prior to the mandatory DNP Intensive Webinar. The availability of the DNP Orientation Site will be provided to you via e-mail in late December or early January. By signing this document I agree to actively participate in the Spring 2013 DNP Orientation offered online.

I will also attend the **mandatory** DNP Intensive Webinar on Thursday, January 17, 2013. On this date, students are required to be available for the DNP Intensive Webinar from 9:00 a.m. until 5:00 p.m. CST. I understand that failure to attend the mandatory intensive webinar will result in my administrative withdrawal from my Spring 2013 classes, and my application will be rolled over to the Fall 2013 term.

I will actively participate in the Spring 2013 DNP Orientation offered online.

Please sign below:

Student's Name

Student's Signature

Date



UNIVERSITY OF SOUTH ALABAMA

COLLEGE OF NURSING



HEALTH SCIENCES BUILDING • 5721 USA DR. N.
MOBILE, ALABAMA 36688-0002
TELEPHONE: (251) 445-9400
FAX: (251) 445-9416

**USA College of Nursing
DNP Program
Verification of Specialty Hours**

I have been accepted into the Post Master's DNP program at the University of South Alabama. As a Post Master's student I am required to provide information regarding my previous clinical hours in my MSN degree. Please complete the information below and mail the original signed document to the USA College of Nursing.

Identify the number of clinical hours this graduate completed in their MSN Program.

Student Name: _____

University/College Name: _____

Specialty Area: _____

Number of Clinical Hours in MSN Program: _____

(Signature of Dean or Graduate Program Director)

Date

