

**1) Graduate Record Examination (GRE)**

Have official scores sent to Lincoln Memorial University (LMU) (Institutional reporting code is R1408). The GRE website is: [www.gre.org](http://www.gre.org). You can register on line (with credit card), by phone (with credit card) or by mail. The test can be scheduled year round. On the website you can enter your zip code and find the test center nearest you. We strongly recommend that you prepare for the GRE using a review book, CDROM, or a GRE-prep class. It will improve your confidence and your score! **NOTE:** If English is not your native language, take the internet version of the Test of English as a Foreign Language (iTOEFL). The iTOEFL has reading, writing, listening and speaking components. The website for this exam is: <http://www.ets.org/toefl>. Have the official results sent to LMU Graduate Nursing Office.

**2) Arrange for official transcripts to be sent.**

Have transcripts sent to LMU Graduate Nursing Office from each college/university/nursing program or school you have attended. Electronic transcripts should be sent to [patsy.bolden@lmunet.edu](mailto:patsy.bolden@lmunet.edu). Applicants may enclose official transcripts in a sealed envelope with their application.

**3) Arrange for three (3) recommendations (see Graduate Applicant Rating Form)**

Consider nursing instructors, supervisors, or professional colleagues with graduate degrees. Provide each person with the form and an envelope. Ask them to complete the form, then to insert it in the envelope, seal the envelope and to sign across the seal and to return the signed, completed form in the signed sealed envelope to you. You should include the sealed recommendation forms (3) in your completed application packet and send to LMU Graduate Nursing Office.

**4) Complete the DNP application form.** Please complete and sign your application.

**5) Attach your own resume**

Include employment history, military service, academic scholarships, awards and/or honors, professional memberships and awards, professional presentations or publications, and community service activities.

**6) Write a letter to the DNP Admissions Committee**

In no more than three (3) typewritten pages, discuss your goals and reasons for wanting to undertake doctoral education. The letter should indicate the applicant's career plans upon program completion.

**7) Writing Sample**

Submit a writing sample describing a problem the applicant has identified in the practice setting and/or a published article authored by the applicant.

**8) Enclose the non-refundable \$50.00 application fee**

Your check/money order should be made payable to Lincoln Memorial University.

**PLEASE SEND ALL REQUIRED MATERIALS TO:**

Lincoln Memorial University, Caylor School of Nursing  
Graduate Nursing  
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.

Please see the Graduate Catalog for Nursing regarding additional requirements for admitted students such as health status forms & immunizations, proof of insurance & licensure, CPR certification, drug screens and background checks.

(All materials submitted become the property of the Caylor School of Nursing and cannot be returned to the applicant.)



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 \$50 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 JUDGEMENT**

\_\_\_\_ 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.*

**Lincoln Memorial University**  
**Caylor School of Nursing**  
**DNP Program**  
**Verification of Post-Baccalaureate Transferrable Clinical Hours**

Name: \_\_\_\_\_

1. Name of University: \_\_\_\_\_  
Program Name: \_\_\_\_\_  
University Address: \_\_\_\_\_  
University Telephone: \_\_\_\_\_

2. Type of Degree or Certificate Received (please check):  
\_\_\_\_\_ Master of Science in Nursing Program  
\_\_\_\_\_ Post-Master's Certificate Program

3. Area of Concentration: \_\_\_\_\_

4. Total Number of Program Clinical Hours Completed: \_\_\_\_\_ Clock Hours  
Total Number of \*Transferrable Supervised Hours Focused on Direct Patient Care  
Completed in the Program: \_\_\_\_\_ Clock Hours

\* According to requirements of the American Association of Colleges of Nursing (AACN) and the Commission on Collegiate Nursing Education (CCNE), practicum hours that focus on the educational process, developing academic curriculum, or on educating nursing students cannot be applied to the supervised practice hours required by the DNP program. However, supervised practicum hours that focused on direct patient care may be applied to the supervised practice hours required by the DNP.

5. Dates of Completion of Clinical Practice Hours in Program:  
From (Semester/Year): \_\_\_\_\_ To (Semester/Year): \_\_\_\_\_

Your signature on this form attests that the above named individual has completed the program hours indicated on this document.

Program Director Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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To be Approved by LMU DNP Coordinator:

Signature \_\_\_\_\_ Date \_\_\_\_\_