

**Murray State University  
School Of Nursing  
Doctor of Nursing Practice (DNP)  
Application for Admission**

Please mark the option for which you are applying:

Family Nurse Practitioner-Baccalaureate (BSN) to DNP

Nurse Anesthetist-Baccalaureate (BSN) to DNP

Post-Master's to DNP

Full Name:

Address:

Street

City

State

County

Zip

Telephone: Work:

Home:

**e-mail address (required for all communication):**

Degree(s) & School(s) Attended (include years and area of study if a degree was not completed):

Degree/Year	School	Address

Member of Sigma Theta Tau?

Yes

No

Registration:

RN Registration #

State

Expiration Date

APRN Registration #

State

Expiration Date

Certifications:

Advanced Practice (PM-DNP)

Role:

Certifying Body:

Expiration Date

BLS Expiration Date

ACLS/PALS (Nurse Anesthetist specialty only):

ACLS Expiration Date

PALS Expiration Date

Employment History\*: Please list below professional RN experience starting with most present employer (You may attach a curriculum vita or resume).

Employer Name	Position	Dates

\*Nurse Anesthesia applicants must have 1 (one) year of critical care experience (any ICU/CCU) post orientation as a **licensed Registered Nurse at the application deadline. The experience must be within the past 5 years.**

Total years RN experience

Total years ICU/CCU RN experience

Three professional references are required. Following the signing of the waiver of access, the applicant is to forward the reference forms with stamped, addressed envelopes to his/her references. Upon completion of the reference form it should be added to the application packet and returned to the address below. **Examples of professional references are: an immediate RN supervisor, a faculty member from the BSN program completed and an RN peer.**

Submit this application, references, and verification of license and certifications to:

DNP Program Director  
Murray State University  
120 Mason Hall  
Murray, KY 42071

Please list the names of your references below:

- 1.
- 2.
- 3.

Have you ever had your nursing license revoked/suspended?      Yes              No  
 Is there action pending on your nursing license?              Yes              No  
 If so explain

Have you ever been convicted of a felony?                      Yes              No  
 If so, explain

Have you ever been dismissed or withdrew from an anesthesia program or advanced practice nursing program?                      Yes              No

***By signing this form, you are stating that all information is accurate and true. Falsification of any aspect of the application process is grounds for non-admission into or dismissal from the Doctor of Nursing Practice Program.***

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Deadline date for submitting all application materials:**

- Nurse Anesthesia option – November 1
- Family Nurse Practitioner – March 1
- Post master’s-DNP-March 1

Please check application status by contacting  
 Dr. Katy Garth at [kgarth@murraystate.edu](mailto:kgarth@murraystate.edu)

Approved 1/19