

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

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 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

Employment History *

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 app lication process is grounds for non -
 admission into or dismissal from the Doctor of Nursing Practice Program.

Signature: ~~_____~~ B18