

**SALISBURY UNIVERSITY  
DEPARTMENT OF NURSING**

**DATE:** \_\_\_\_\_

**APPLICATION FOR POST-DNP CERTIFICATE OF COMPLETION-FNP PROGRAM**

NAME: \_\_\_\_\_ SOCIAL SECURITY #: XXX-XX-\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL/HOME PHONE NO.: (    ) \_\_\_\_\_

WORK PHONE NO.: (    ) \_\_\_\_\_

HOME ADDRESS: (If **NOT** the same as above): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

| DEGREE | COMPLETION DATE | INSTITUTION | MAJOR | GPA |
|--------|-----------------|-------------|-------|-----|
|        |                 |             |       |     |
|        |                 |             |       |     |
|        |                 |             |       |     |

RN License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

Other certifications \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

When are you expecting to begin the program? FALL \_\_\_\_\_ Year \_\_\_\_\_



|   |   |             |
|---|---|-------------|
| <b>PART B</b>   | <b>TO BE COMPLETED BY THE RECOMMENDER</b> |             |
| How long and in what capacity have you known the applicant?   |   |             |
| We would appreciate your assessment of the applicant's scholarship, personality, character and professional promise. Please include in the statement an assessment of strengths and weaknesses. If additional space is needed, please feel free to use a separate sheet. If you prefer, you may write the entire statement on your own. |   |             |
| STATEMENT:  |   |             |
|   |   |             |
| <b>Signature</b>  | <b>Please Print Last Name</b>             | <b>Date</b> |
| <b>Position</b>   | <b>With</b>                               |             |
| <b>Address</b>  |   |             |
| <b>PLEASE RETURN TO THE APPLICANT IN AN ENVELOPE WITH YOUR SIGNATURE ACROSS THE SEALED FLAP.</b>  |   |             |



**Notice of Possible Implications of Criminal Convictions**  
**And Required Criminal Background Checks**

Many Salisbury University academic programs require that you successfully complete certain clinical courses, internships or practica (“Clinical Program”). These experiences are offered at off-campus sites including hospitals or other institutional settings that are not part of the University (“Agency/Agencies”). These Agencies, in order to protect their clientele, may require that you disclose whether you have a criminal record and/or that you submit to a criminal background check investigation, including fingerprinting, as a condition of your participation or continued participation in a Clinical Program. Agencies have the right to require a criminal background check investigation, including fingerprints, at any time before or during your Clinical Program.

Should you be accepted into the nursing program, you should assume that a criminal background check will be mandatory for you at all Agencies to which you could be assigned. Salisbury University has no obligation to make any special or other arrangements for you or to refund your tuition in the event an Agency refuses your participation due to the results of a criminal background check, or if for any other legal reason the Agency determines you are ineligible to participate in or complete the required Clinical Program, academic coursework or other program requirements. This means that you may not be able to complete the requirements of the nursing major.

Admission into the nursing program is at the sole discretion and decision of Salisbury University. If accepted into the nursing program, you will be participating in an academic program that can lead to being licensed in a profession. The nursing profession requires a state license as a condition for performing the duties and responsibilities of a registered nurse. These laws generally permit a licensing board or agency to deny a license or to revoke or suspend a license, or to reprimand a licensee if they are convicted, or plead guilty, or plead *nolo contendere* to a felony or other specified crime, including crimes involving moral turpitude. In the event you have a criminal record, the University urges you to contact the applicable State licensing authority in a timely fashion to inquire as to the effects, if any, your criminal record may have on your eligibility for licensure **before** you make your decision to apply for or to accept admission to any Salisbury University academic program.

**I acknowledge that I have read and understand this Notice relating to the possible consequences of having a criminal record, and that I understand the effects a criminal record may have upon my ability to complete the requirements of my academic major and my eligibility for licensure in my profession. I further understand that my signature on this form does not affect admissions decisions.**

Printed Name \_\_\_\_\_ SU Student ID # \_\_\_\_\_

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