## SALISBURY UNIVERSITY DEPARTMENT OF NURSING

			DATE:		
APPLICATION 1	FOR POST-DNP CER	TIFICATE OF CO	MPLETION-	FNP PRO	<u>OGRAM</u>
NAME:	SOCIAL	SECURITY #: XXX-X	X	DOB: _	//
LOCAL ADDRESS: _					
CITY:		STATE:	ZIP CODE:		
CELL/HOME PHONE	NO.: ( )				
WORK PHONE NO.: (	)				
HOME ADDRESS: (If	<b>NOT</b> the same as above): _				
CITY:		STATE:	ZIP CODE:		
EMAIL ADDRESS:					
DEGREE	COMPLETION DATE	INSTITUTION	MA.	JOR	GPA
RN License #		_State	Expiration		
Other certifications_		State	Expiration		_
When are you expect	ing to begin the program?	FALL	Year		

## SALISBURY UNIVERSITY



## RECOMMENDATION FORM

Not Recommended

Recommended with

some reservations

Recommended

Highly Recommended

PART A	то ве	COMPLETED BY THE APPLICANT		SOC. SEC. NO.	<u>X X X-XX</u>	(last 4 digits)		
NAME (Pri	int)	Last		Fi	rst		Middle	
Graduate Nursing: Post-DNP Certificate of Completion-FNP Program								
			n I am request nave to exami			nce by officials of		ersity, and I
Signature of applicant: Date:								
SUMMARY		BELOW	AVERAGE	ABOVE	UNUSUAL	OUTSTANDING	TRULY	Inadequate
EVALUATION Applicant's pro		AVERAGE	AVERAGE	AVERAGE	UNUSUAL	OUTSTANDING	EXCEPTIONAL	Opportunity to Observe
a graduate stude comparison wit others of simila and experience	ent in th ar age	Lowest 40%	Middle 20%	Next 25%	Next 5%	Almost Top 5%	Top 5%	
Research apti	itude							
Intellectual potential								
Ability to wor	rk							
Creativity and imagination	d							
Maturity								
Self-confiden	ice							
Communicati skills oral	ion							
Communicati skills written								
Ability to ana problem and formulate a so	•							
Motivation for proposed progof study								
Potential as a teacher	ı							
Potential for advancement								
Pleas	se indicat	e the strength o	f your overall en	dorsement by plac	ring an "X": alor	ng the scale		

PART B TO BE COMPLI	ETED BY THE RECOMMENDER	
How long and in what capacity have you known the applicant?		
We would appreciate your assessment of		
promise. Please include in the statement		
needed, please feel free to use a separate	e sneet. If you prefer, you may write the	e entire statement on your
own. STATEMENT:		
	1	
Signature	Please Print Last Name	Date
Position	With	
Postuon	with	
Address		
PLEASE RETURN TO THE APPLICANT IN AN ENVELOPE WITH YOUR SIGNATURE ACROSS		
THE SEALED FLAP.		



## 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