Master’s Nursing Program
Spring 2018 Application Packet For:

Nurse Education
Nurse Administrator
Nurse Educator + FNP Certificate
Nurse Administrator + FNP Certificate
Family Nurse Practitioner

Updated 6/20/17
Dear Applicant,

Thank you for your interest in Ball State University’s master’s nursing program. We are excited you are interested in earning your Master’s Degree from Ball State University. We offer three concentrations including: Nurse Administrator, Nurse Educator, and Family Nurse Practitioner.

We are also offering two new options which include: Nurse Educator + FNP Certificate and Nurse Administrator + FNP Certificate. Additional informational about two new options is located in the Spring 2018 Information Packet located on the School of Nursing website.

The application cycle for the Spring 2018 semester is:

<table>
<thead>
<tr>
<th>Concentration</th>
<th>Application Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Nurse Practitioner</td>
<td>June 9, 2017—August 9, 2017</td>
</tr>
</tbody>
</table>

In this Spring 2018 Application Packet you will find information about the application process as well as the supplemental materials required for application. A separate Information Packet about the master’s nursing program is also available on the School of Nursing website and contains additional information about the program including: program expectations, clinical information, sample plans of study, frequently asked questions, etc.

Prior to applying, all prospective students need to visit the Office of State Authorizations website to determine if their state currently allows them to enroll at Ball State University for the master’s nursing program. The Office of State Authorizations website and its links are updated on an as needed basis, so please check regularly for updates.

All clinicals must be completed in a state where the Ball State University School of Nursing is authorized to offer its programs. A list of the states where the School of Nursing is currently authorized can be found on the Office of State Authorizations website. Students moving to a state where the Ball State University School of Nursing and the master’s nursing program is not authorized will need to do their clinicals in an authorized state in order to complete the program.

Before starting the application process, all applicants need to read both the Spring 2018 Application Packet as well as the Information Packet. If after reviewing all of the information you still have questions about the program please do not hesitate to contact the Graduate Advisor, Shantelle Estes, at smestes@bsu.edu or by phone at 765-285-9130. You will also need to save a copy of this packet for future reference.

We look forward to working with you in the near future!

Sincerely,

The Master’s Nursing Program Staff
APPLICATION PROCESS

1) On-campus requirement
2) How to apply
3) Supplemental materials for the School of Nursing
4) Due Dates
5) How to submit your supplemental materials
6) Calendar
4) Application checklist
5) What to expect after the deadline
On-Campus Requirement

All students admitted into the Master’s Nursing Program are required to attend an on-campus orientation prior to starting the program. *Students are responsible for any travel-related expenses incurred with attending the orientation.*

The orientation for students admitted for the Spring 2018 semester is:

**Friday, November 3, 2017**

The specific time and agenda items for the orientation will be announced at a later time, however students should expect to be on campus all day.

In the orientation students will benefit from:
- Meeting the Master’s Nursing program faculty and staff
- Learning about the resources available to online students
- Becoming acquainted with the Health Clearance procedures and software used for tracking compliance
- Becoming acquainted with the Community of Master’s Students
- Learning about the registration process for nursing students
- Learning more about the requirements for your specific concentration
- Touring the Ball State campus
- Networking with fellow classmates
PLEASE NOTE: Due to recent changes with the application process, please do not start the application process until you have read this packet in its entirety, as well as the Spring 2018 Information Packet located on the School of Nursing website.

Also, if you have applied in the past, please be aware due to recent changes with the application process some of the steps to apply for the Spring 2018 semester are different than they have been previously.

How to Apply - Part 1

The application cycle for the Spring 2018 semester is:

**Family Nurse Practitioner:**  
June 9, 2017 - August 9, 2017

**Nurse Educator & Nurse Administrator**  
(including the + FNP Certificate Options)  
June 9, 2017 — September 9, 2017

There are two (2) applications that must be completed. Information about each application is listed on the next page. Both applications have supplemental materials that must be submitted before the application will be reviewed. Due to changes in with the application process it is important all steps are completed according to the instructions given.

Submitting an application does not guarantee admittance into any program. Applications to both the Graduate School and the School of Nursing are only good for one semester; therefore both applications must be for the same semester and year.

**Ball State University Email Address**

Shortly after applying to the Graduate School you will receive a couple of emails from the Graduate School and the HelpDesk@bsu.edu which will contain information about your username and password. These emails will be sent to the email address you provided on your Graduate School application. You will need to monitor your inbox as well as your junk mail folder so you do not miss theses important emails. When you receive these emails please read them carefully and immediately take the necessary steps to set up your BSU email address.

It is important you set up your username and password within 30 days of receiving the Help Desk email.

You will need to retain your username and password for future use as it is needed for those admitted into the School of Nursing.
Request official transcripts
You will need to request official transcripts from all colleges and universities you have attended or at currently attending, to be sent directly to the Graduate School. (You do not need to submit Ball State transcripts) Transcripts may be submitted electronically or by mail. Please plan on having all of your transcripts submitted to the Graduate School at least four weeks prior to the School of Nursing deadline. Submitting transcripts to any other office other than the Graduate School will delay your application process.

<table>
<thead>
<tr>
<th>Electronic</th>
<th>Mail - Send official transcripts to:</th>
</tr>
</thead>
</table>
| Official electronic transcripts may be submitted by an institution directly to: bsutrans@bsu.edu | Graduate School  
Ball State University  
2000 W. University Ave.  
West Quad 100  
Muncie, IN 47306 |

Apply to the Graduate School
The Graduate School application for Spring 2018 is not expected to open until June 12th. Once open the Graduate School application will be available on the Graduate School website. Submitting the Graduate School application and supplemental materials (application fee and official transcripts) early is strongly recommended. (The Graduate School review process can not start until all required items have been received.) Meeting the requirements of the Graduate School does not guarantee admission into the School of Nursing.

Once an applicant's Graduate School application and all supplemental materials have been received their file will go though a review and clearing process. Applicants must complete the application process and be cleared for graduate studies at Ball State University by the School of Nursing application cycle deadline. Applicants who are cleared by the Graduate School after the Nursing application cycle has ended will not be considered for admission.

The review process may take several weeks to complete depending on the volume of applications received by the Graduate School. Questions regarding the Graduate School application or transcript submission should be directed to the Graduate School.

Apply to the School of Nursing
Master's Program Application will be available on the School of Nursing website during the application cycle. This form will be submitted electronically. It is recommended applicants list their personal email address on the application and not their work or school email address as they may not always have access to those email accounts upon graduation or if they switch jobs.

School of Nursing Application Due Dates
Family Nurse Practitioner - August 1st @ 4 p.m. EST  
Educator and Administrator - September 1st @ 5 p.m. EST

If your application has been successfully submitted you will receive a copy of the completed application at the email address you provided on the application. You will need to retain a copy of this email. In addition to submitting a School of Nursing application you will also need to submit supplement materials for the School of Nursing. The list of required supplemental materials and their due dates are listed on the following pages.
1) **Print out of applicants registered nursing license e-verification** which includes the applicant’s name, license number, expiration date, current status, and disciplinary action. Visit your state’s e-verification website and print out your information. Copies of your card will **not** be accepted. The e-verification website for Indiana is: [https://mylicense.in.gov/eVerification/](https://mylicense.in.gov/eVerification/)

If you have not yet graduated and do not have a nursing license at the time you apply please include a 8.5x11 sheet of paper with a note letting the Admissions & Progressions Committee know when you will graduate and when you intend to take the NCLEX.

2) **Essay - Using American Psychological Association (APA) format** *(information about the required essay is located at the end of this packet)*

3) **Entry Disclosure of Criminal Background Form** *(located at the end of this packet)*

4) **Three (3) recommendation forms** *(located at the end of this packet):* All recommendations forms are to be in sealed and signed envelopes from the recommender. Each recommendation form must be submitted in a sealed envelope with the recommender’s signature across the sealed flap. Envelopes not sealed or without a signature across the flap will not be accepted.

Recommenders are to return the completed form in a signed and sealed envelope to the applicant. The applicant is responsible to check and make sure the envelope has been sealed and signed by the recommender. The applicant is also responsible to submit the signed and sealed envelopes along with the rest of their supplemental materials.

Recommendation forms must meet the following criteria:

- At least two of the three references must hold a Master’s degree or higher
- At least two of the three references must be from health care professionals
- Family and friends are not appropriate to use for recommendations.
- **If employed in a nursing capacity:** one must be from the applicant's current supervisor
- **If still in school:** one must be from a current or former nursing faculty member
- **If still in school, but not currently employed in a nursing capacity:** two must be from current or former nursing faculty members

Applicants are responsible for making sure the individuals they select as recommenders meet the above requirements. Do not assume that your recommenders, including direct supervisors, hold a Master’s degree or higher. If you are unsure of your recommender’s highest level of education, ask them.
Due Dates

<table>
<thead>
<tr>
<th>School of Nursing Application</th>
<th>Family Nurse Practitioner - August 1st @ 4 p.m. EST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Materials for School of Nursing</td>
<td>Educator and Administrator - September 1st @ 5 p.m. EST</td>
</tr>
<tr>
<td>Must be received in School of Nursing by:</td>
<td></td>
</tr>
<tr>
<td>August 9th @ 4 p.m. EST - Family Nurse Practitioner</td>
<td>September 9th @ 5 p.m. EST - Educator and Administrator</td>
</tr>
</tbody>
</table>

How to Submit Your Supplemental Materials for the School of Nursing

1) Due to the volume of applications received, in order to accurately track and process your application, items #1, #2, #3, & #4, listed on the previous page, must be mailed together in one envelope. Failure to include all items in one envelope will result in an incomplete application packet and will not be considered for admission.

2) Any supplemental nursing materials submitted prior to June 9th or after the due dates listed in this packet will be discarded.

All of your supplemental materials required for the School of Nursing should be submitted to the address listed below.

Shantelle Estes, Graduate Advisor
School of Nursing, CN 419D
Ball State University
2111 W. Riverside Ave
Muncie, IN 47306

All supplemental materials must be received in the School of Nursing by the close of business day on the last day of the application deadline. If the application deadline falls on a weekend all application materials must be received in the School of Nursing by close of the business day on the following Monday. Close of business day is 5 p.m. (September - April) and 4 p.m. (May—August). Please allow adequate time for mailing and delivery of the materials.

Please allow adequate time for mailing and delivery of the materials. Once mail is received on the Ball State University campus it is delivered to a “central receiving” office, from there it is sorted and delivered to the appropriate offices. This sorting and delivery could take up to 4 days to complete, so please allow extra time for your package to be delivered to the School of Nursing once it arrives on campus.

It is strongly recommended that you submit your application packet (2-3 weeks) prior to the due date. It is also recommended you purchase a tracking option when mailing your supplemental materials to ensure your package was received.

Do not submit extra materials with your application packet such as resumes, awards, certifications, extra reference letters or forms, etc. The School of Nursing is not responsible to notify applicants if their application is incomplete or contains outstanding documents.
## School of Nursing (SON) Due Dates for Spring 2018

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>AUGUST 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(FNP) SON</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>application due</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(FNP) Supplemental Materials for SON due</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(FNP) deadline to be cleared by Graduate School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
<td>31</td>
<td>32</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SEE BELOW</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>33</td>
<td>34</td>
<td>35</td>
<td>36</td>
<td>37</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(ADM/EDU) Supplemental Materials for SON due</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(ADM/EDU) deadline to be cleared by Graduate School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>EDU/ADM Application Cycle Ends</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NOTES

**Family NP Applicants**
The items listed in **purple** are due dates for Family NP applicants

**Edu/Adm Applicants**
The items listed in **green** are due dates for Edu/Adm applicants (including the +FNP Option).

September 9 - Because the Edu/Adm cycle ends on a weekend applicants have until the close of the business day on the following Monday to have their materials received in the School of Nursing.
Below is a check sheet that will help you make sure that you have submitted all of your required materials so that your file will be ready for the review committee once the School of Nursing deadline arrives.

This checklist is for your personal use. Please do not submit it with your materials to the School of Nursing.

<table>
<thead>
<tr>
<th>✓</th>
<th>Items required for a complete application:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>Submit Graduate School application online</td>
</tr>
<tr>
<td>✓</td>
<td>Pay Graduate School application fee</td>
</tr>
<tr>
<td>✓</td>
<td>Submit official copy of all transcripts to the to Graduate School.</td>
</tr>
<tr>
<td>✓</td>
<td>Submit School of Nursing application online</td>
</tr>
<tr>
<td>✓</td>
<td>Print out of license e-verification with my name, license number, expiration date, current status, and disciplinary action from my states e-verification website.</td>
</tr>
<tr>
<td>✓</td>
<td>Entry Disclosure of Criminal Background Form</td>
</tr>
<tr>
<td>✓</td>
<td>Essay - APA format and maximum of 2 pages</td>
</tr>
<tr>
<td>✓</td>
<td>Reference #1 - envelope has been sealed and signed by recommender</td>
</tr>
<tr>
<td>✓</td>
<td>Reference #2 - envelope has been sealed and signed by recommender</td>
</tr>
<tr>
<td>✓</td>
<td>Reference #3 - envelope has been sealed and signed by recommender</td>
</tr>
</tbody>
</table>

### What to Expect After the Deadline

After the School of Nursing deadline all complete applications will be collected and given to the Admissions & Progressions Committee. The committee will review the applications and make all admission decisions. Please allow a minimum of 6-8 weeks (FNP) and 2-4 weeks (Educator/Administrator), after the deadline, before you are notified of your admission decision.

All applicants will be notified of their admission decision via the email address provided on their School of Nursing application. Applicants are responsible to monitor their “junk” folder in their email as sometimes the emails are delivered there instead of to their inbox.

Students accepted into the program will be required to accept or decline their seat by the deadline set by the committee. Deadline extensions or exceptions are not given for emails delivered to junk folders or non-working email addresses. After students have officially accepted their seat in the program they will receive additional information about the orientation, plans of study, etc.
Admitted students will need to meet all required health clearance requirements, criminal background check, and other requirements for clinical practice. The required documentation and forms must be submitted by the deadline(s) set by the Admissions & Progressions Committee. Non-submission of all required documentation may result in the student’s admission offer being rescinded.

The cost for purchasing the required background check, the medical document tracker, and other requirements is estimated to be about $160.

Below is a list of the items that are currently required by the School of Nursing for health clearance purposes. Additional information about each of these will be provided once admitted into the program.

<table>
<thead>
<tr>
<th>Item</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>T-DAP (Tetanus, Diphtheria, Annual influenza, Pertussis)</td>
<td>One of the following is required: 2 vaccinations OR positive antibody titer (lab report required)</td>
</tr>
<tr>
<td>Varicella</td>
<td>One of the following is required: 2 vaccinations OR positive antibody titer (lab report required)</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>One of the following is required: 3 vaccinations OR positive antibody titer (lab report required)</td>
</tr>
<tr>
<td>Measles, Mumps &amp; Rubella (MMR)</td>
<td>One of the following is required: 2 vaccinations OR positive antibody titer for all 3 components (lab report required).</td>
</tr>
<tr>
<td>Entry Into Program 7 Year Disclosure of Criminal Background Form</td>
<td></td>
</tr>
<tr>
<td>Informed Consent</td>
<td></td>
</tr>
<tr>
<td>TB Skin Test</td>
<td></td>
</tr>
<tr>
<td>1 Year Disclosure of Criminal Background Form</td>
<td></td>
</tr>
<tr>
<td>Influenza Vaccine</td>
<td></td>
</tr>
<tr>
<td>HIPAA /OSHA Training</td>
<td></td>
</tr>
<tr>
<td>Drug Screen</td>
<td></td>
</tr>
<tr>
<td>CPR Certification</td>
<td>Must be the American Heart Association Healthcare Provider course OR American Red Cross Professional Rescuer course.</td>
</tr>
<tr>
<td>RN License</td>
<td></td>
</tr>
<tr>
<td>Background Check</td>
<td></td>
</tr>
</tbody>
</table>
ESSAY QUESTIONS & SUPPLEMENTAL FORMS TO BE SUBMITTED

1) Essay Question
2) Criminal history disclosure (1 page)
3) Reference form (2 pages)
Family Nurse Practitioner Applicants:

Applicants will need to address the question below in one APA formatted essay. The essay should be a maximum of two (2) pages, not including the cover or reference pages. The purpose of the essay is to provide the Admissions and Progressions Committee insight into how you anticipate meeting the program requirements, and to evaluate your written communications skills. The Purdue OWL is an excellent resource for applicants needing a refresher on how to write in APA format.

In the Master’s Nursing Program precepted clinical experiences are individually arranged by students. Students can complete clinical experiences in their geographic area with an approved preceptor, clinical supervisor, and clinical site. Students should be prepared to travel to a clinical site. Students must also be prepared to work around the availability of the clinical site and preceptor. Particular days and times for clinical cannot be guaranteed. FNP students will complete 690 clinical hours upon graduation. Clinical courses have varying clinical hours, anywhere from 60-180 per course (8-12 hours/week) in addition to didactic hours. Students taking two clinical classes in a semester can expect to spend approximately 24 hours a week in the clinical setting, in addition to didactic hours. Student's in the program should understand that time and priority must be devoted to clinicals.

Noting the clinical hour requirements listed above how do you plan to complete the program?

Nurse Educator & Nurse Administrator (including +FNP) Applicants:

Applicants will need to address both of the following in one APA formatted essay:

- Your philosophy of Nursing
- What your professional goals are and how Ball State University’s Master’s Nursing Program will help you meet your professional goals.

The essay should be a maximum of two (2) pages, not including the cover or reference pages. The purpose of the essay is to provide the Admissions and Progressions Committee insight into your professional goals, desire for earning a Master's Degree at Ball State University, and to evaluate your written communications skills. The Purdue OWL is an excellent resource for applicants needing a refresher on how to write in APA format.
Entry Disclosure of Criminal Background for Master’s Program

Please read and be honest when completing disclosure. Complete disclosure in ink.

I am applying for: (check one) ☐ Family Nurse Practitioner ☐ Nurse Administrator ☐ Nurse Educator
☐ Nurse Administrator + FNP Certificate ☐ Nurse Educator + FNP Certificate

1) NAME OF STUDENT (print): __________________________________________________________

2) MAIDEN NAME IF APPLICABLE (print): _____________________________________________

3) ENTER ALL OTHER NAMES USED (print): ___________________________________________

4) DATE OF BIRTH: ________________________________________________________________

5) List all States, Counties, and Countries you have resided in for the past seven (7) years to current and the dates of residency. Dates should include month and year. Dates must cover entire period of seven (7) years to present. You are required to include Delaware County, IN as a place of residence.

<table>
<thead>
<tr>
<th>State</th>
<th>County</th>
<th>Country (other than U.S.A.)</th>
<th>Date by Years (FROM date—TO date/present)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6) Have you even been arrested or received a citation for any misdemeanor charges? (Circle) YES / NO

7) Have you even been convicted of any misdemeanor charges? (Circle) YES / NO

8) Are there any current pending misdemeanor charges that have been filed against you? (Circle) YES / NO

9) Have you even been arrested or received a citation for any felony charges? (Circle) YES / NO

10) Have you even been convicted of any felony charges? (Circle) YES / NO

11) Are there any current pending felony charges that have been filed against you? (Circle) YES / NO

12) Have you entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony? (Circle) YES / NO

13) If you answered yes to any of the above questions, list all criminal arrests, citations, and convictions you have received by year, as well as any current pending criminal charges that have been filed against you. State requirement of probation, deferral program or diversion program if applicable. List city & state of each criminal arrest, citation, and convictions as well as any pending criminal charges:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Spring 2018 - Recommendation Form for Master’s Nursing Program

This form should be completed in ink and only the original form will be accepted. Incomplete forms or forms that have been emailed, photocopied, faxed, scanned, or contain electronic signatures will not be accepted. Applicants who will be mailing forms to their recommenders should also provide the recommender with a self addressed stamped envelope for an easy return.

TO BE COMPLETED BY APPLICANT

NAME: (please print) ____________________________

I am applying for: (check one)  
☐ Family Nurse Practitioner  
☐ Nurse Administrator  
☐ Nurse Educator  
☐ Nurse Administrator + FNP Certificate  
☐ Nurse Educator + FNP Certificate

Right to Access: Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those persons writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations

______ I waive my right to review this recommendation.  
______ I do not waive my right to review this recommendation.

Applicant Signature: _________________________________________________________

Date: ____________________________________________

TO BE COMPLETED BY RECOMMENDER

You are requested to complete the information below, seal it in an envelope with your signature across the sealed flap, and then return it to the applicant for submission. Please note, envelopes not sealed or without a signature across the flap will not be accepted.

I am the applicant’s:  
☐ Current Supervisor  
☐ Current or Former Nursing Faculty  
☐ Other (list):

I have know the applicant for _____ years _____ months in the capacity indicated above.

NAME: (please print) ____________________________  
DATE: __________________________

EMPLOYER: ____________________________________________  
POSITION: ____________________________________________

ADDRESS: __________________________________________________________________

DAYTIME PHONE: ____________________________  
HIGHEST LEVEL OF EDUCATION OBTAINED: ____________________________

RECOMMENDER’S WORK EMAIL: (please print) ____________________________

SIGNATURE OF RECOMMENDER: ____________________________

Why do you believe the above applicant should be selected for Ball State University’s Nursing Masters Program?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Please provide any additional comments regarding this applicant:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Ball State University - Master’s Nursing Program - Application Packet for Fall 2018 - Page 1 of 2
Comparing to other students at this level, please rate the applicant on a scale from 1 (low) to 9 (high) on the following professional, academic, and personal attributes by circling the number that best reflects your assessment.

<table>
<thead>
<tr>
<th>No Basis for Judgment</th>
<th>Low</th>
<th>Average</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership potential</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Professional networking skills</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Self-confidence</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Ability to accept responsibility for actions</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Ability to accept criticism</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Current nursing knowledge</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Communication skills</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Ability to make sound decisions</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Ability to follow verbal and written instructions</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Ability to meet deadlines</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Judgment</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Ability to adapt to change</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Critical reading skills</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Teaching potential</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Cooperativeness</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Ability to work independently</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Reliability</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Interactions with clients and families</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Interactions with co-workers</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Depth of knowledge in proposed field of study</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Ability to follow through on commitments</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Professional writing skills</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Ability to work in a group setting</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Time management skills</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>APA writing skills</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Experience in online learning environments</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
<tr>
<td>Computer proficiency (specifically with Microsoft Office, Email, Internet Navigation)</td>
<td>0</td>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
</tbody>
</table>

Overall Recommendation (check one):

- [ ] Highly Recommend
- [ ] Recommend
- [ ] Recommend with Reservations
- [ ] Not Recommended