



Application for Adult Clinical Nurse Specialist Program: Flight & Disaster Specialization

Interview Date	_____
Interviewer	_____

**Wright State University-Miami Valley
College of Nursing and Health**

Date of Application		SSN	
Name		Email	
Address		City	State Zip
County	Home Phone ()	Work Phone ()	Cell Phone ()
What quarter /year do you plan to begin taking classes?			
Have you ever applied to the WSU Graduate Nursing program?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Date
Do you have a bachelor's degree in nursing from a NLN or CCNE accredited institution?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Year Graduated
Do you have a master's degree in nursing from a NLN or CCNE accredited institution?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Year Graduated
Do you have an unencumbered RN license in the state of Ohio (or are you eligible for one)?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If no, what state?
Do you have a cumulative GPA of 3.0 or higher on a 4.0 scale in your undergraduate degree?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Do you have a 3.0 or higher in any subsequent graduate work?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Do you have flight nursing experience or AF program?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Which?
Have you completed a physical assessment course or its equivalent within the last 10 years ?	<input type="checkbox"/> yes	<input type="checkbox"/> no	When? Where?
If you have not, do you regularly perform assessments in your current employment?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
If so, please submit a statement of this with your application.			
If you have taken an undergraduate statistics course, what year and quarter did you take it?			
Are you currently a WSU graduate student?	<input type="checkbox"/> yes	<input type="checkbox"/> no	When were you accepted?
If you are not, have you submitted your application to the WSU School of Graduate Studies?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
ACLS Certification	<input type="checkbox"/> yes	<input type="checkbox"/> no	

Submit to the School of Graduate Studies

1. School of Graduate Studies application (download application from www.wright.edu/SOGS. This is NOT the same as the FNP application on a nondegree application.
2. \$25 fee to the School of Graduate Studies
3. Transcripts from **all** colleges attended (must be sent to Graduate Studies)
4. Statement of goals (listed within the online graduate application or if paper application, submit to College of Nursing & Health
Please note: You do not need to submit any recommendation letters to Graduate Studies. They only ask you to list the addresses of your references on their application. You may state on your graduate application that you are sending them to the CONH.

Submit to CONH, Graduate Program Office, 160 University Hall, Wright State University, Dayton, OH 45435

1. The completed Flight & Disaster Specialization Form application form
2. A résumé or vita including your:
 - a. Name, address and year of graduation of each **schools of nursing** attended
 - b. Name, address and year attended for any **prior college** coursework
 - c. Work experience (name of employer, dates of employment, positions held)
3. An essay describing a meaningful clinical situation in which you were involved. Discuss how this situation helped clarify your goals for professional development and your desire to become an advanced practice nurse (maximum of 2 typed pages)
4. A Copy of your unencumbered RN license in the state of Ohio
5. Two letters of recommendation:
 - a. Your current or most recent supervisor and
 - b. A faculty member of your BSN program or previous employer.
Please address these letters to:
Director, Adult Health Clinical Nurse Specialist Program