**UNC-C/WCU School of Nursing Form**

**Doctor of Nursing Practice (DNP) Application**

**Verification of Precepted Master’s Degree Clinical Hours**

***To the School of Nursing Official:*** The student named below is an applicant for the DNP program at University of North Carolina at Charlotte. As a part of the application, we require that applicants submit a verification of their precepted (supervised) master’s degree clinical hours.

***To the applicant:*** Please request that a School/College of Nursing official from your master’s degree program complete this form and return it to you. Please include this form with your support documents as a part of the ***application process.*** Examples of a School/College of Nursing official include: a course coordinator, program director, or director/Dean of School/College of Nursing.

***To be completed by applicant:***

Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Institution/School of Nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Master’s degree (Ex: MSN, MA ,MS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concentration (Ex: FNP, CNS, Administration, Education) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date graduated: \_\_\_\_\_\_\_\_\_\_\_

***To be completed by School of Nursing official:***

I verify that the applicant named above has completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (number) of **precepted** (supervised) clinical hours as part of the formal master’s degree program named above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name of School of Nursing official

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Signature of School of Nursing official Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number Email

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School Seal:**

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