

Graduate Nursing Division Doctor of Nursing Practice Verification of Post-Baccalaureate Precepted Clinical Hours

Name **University ID**

Last First Middle

Did you complete your MSN or a Post Master's Certificate at Drexel University: College of Nursing and Health Professions?

Yes No

*If you answered yes, this form is complete and you may submit.
If you answered no, please complete form below before submission.*

DNP Applicant: Complete sections 1-3. Submit to the Department Designee (usually the Dean, Chair or Program Director) from your MSN/ Post Master's Certificate granting institution. The institution designee will complete sections 4-5 and return the form to you. (Please print legible or type)

1. Institution Name

Program Name

Institution Address

Institution Telephone

2. Type of Degree Received

Master of Science in Nursing

Program Post Master's Certificate

Area of Concentration

3. Graduation Date

Dean, Chair or Program Director: *Please complete sections 4-5 in reference to the number of Post Baccalaureate hours completed by the above. Only nursing practice hours that were documented, precepted and resulted in a passing score as part of a MSN or Post-Master's Certificate can be considered in the total.*

4. Total Number of Practice Hours Completed

5. By signing this form, I verify that the above-named individual completed the practice hours noted as part of enrollment at the named institution.

Program Representative Name

Program Representative Title

Program Representative Telephone

Program Representative Signature

Date

Please direct any questions to CNHPGraduateDivision@drexel.edu