

Doctor of Nursing Practice (DNP) Program
Verification of Master's Precepted Practice Hours

Section 1: Applicant Information (*Applicant should complete this section and forward to an official of the School/College of Nursing where Masters' Program practicum hours were completed.*)

Student Name (Last, First, Middle Initial): _____

Other Names/Spellings that may appear on academic records: _____

Type of Graduate Degree or Program (MSN, Post-Master's Certificate): _____

Track Specialty (e.g., FNP, Administration/Leadership): _____

Section 2: This section should be completed by the School/College of Nursing official (Program Director, Dean, or equivalent)

The above student has applied for admission into Chatham University's DNP program. Please verify the total number of precepted (supervised) practice hours in the applicant's Masters' Degree in Nursing (MSN) or Post-Master's Nursing Certificate Program by completing the information below using The Commission on Collegiate Nursing Education definition for *Clinical Practice Experience*.

<https://www.aacnnursing.org/CCNE-Accreditation/Resources/FAQs/Clinical-Practice>.

University/College Name: _____

School Mailing Address: _____

Nursing Official Name and Title (printed): _____

Email address: _____ Phone Number: _____

Verification:

Through my signature below, I hereby verify the following information for the former student identified in Section 1 above while enrolled in the Masters' Degree in Nursing (MSN) or Post-Master's Nursing Certificate Program:

Dates of Attendance:

From (month/year): _____ To (month/year): _____

Total MSN or Post-Master's Certificate (Nursing) precepted practice hours completed: _____

Signature of Nursing School/College Official

Date

Please return completed form for processing to: Operations@Chatham.edu

Woodland Road . . . Pittsburgh, PA 15232 . . . 412-365-1100 . . . www.chatham.edu

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