

Verification of Post-Baccalaureate Clinical and Practice Hours

DNP Applicant: Please forward this form to the program director of the advanced practice program that you completed and **request that this form be duplicated on school letterhead**. Ask the program director to complete the form and include his or her signature. This document is needed prior to an offer of admission to the DNP program. The completed form may be submitted to the DNP Program Manager by fax at 205-934-3115 or by email to jlavier@uab.edu. Please title this document Verification of Post-Baccalaureate Clinical and Practice Hours.

Name _____ Social Security Number _____
Last First Middle (Preferred)
or Student ID _____

1. Name of University _____

Program Name _____

University Address _____
Street/Box Number City State Zip

University Telephone _____

2. Type of Degree or Certificate Received

_____ Master of Science in Nursing Program

_____ Post-Master's Certificate Program

3. Area of Concentration _____

4. Date of Program Completion _____

5. Total Number of Clinical Practice Hours in Program _____
Clock Hours

6. Your signature on this form attests that the above named individual has completed the program indicated on this document.

Program Director (Print Name) _____

Program Director Signature _____ Date _____

This form may be duplicated as needed.