



# DIVISION OF NURSING

## GRADUATE NURSING PROGRAM: Documentation of Clinical Hours

For DNP Applicants and Applicants for Nurse-Midwifery, Family Nurse Practitioner, and Psychiatric Mental Health MSN and Post-Master's Certificate Tracts in these specialty tracts Only

**Instructions:** This form should be returned to the applicant for inclusion in the application. (If completed in more than one institution, please fill out a separate form for each institution. You may duplicate this form as needed.)

<b>General Information:</b>			Previous Applicant? YES / NO
Name:			Social Security #: - - -
Address:			Date of Birth: / /
City:	State:	Zip:	Daytime #: ( ) -
Country:			Mobile #: ( ) -
E-mail:			Evening #: ( ) -

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total hours worked as a Registered Nurse in the last 5 years:

\_\_\_\_\_  
 (Include dates when position was held)  
 Position(s) held:

\_\_\_\_\_  
 Type of Unit(s):  
 \_\_\_\_\_

### Nursing Supervisor/Faculty

Evaluator:

Name:			Title:
Address:			Degree:
City:	State:	Zip:	Daytime #: ( ) -

Country:	Mobile #: ( ) -
E-mail:	Evening #: ( ) -

*I verify that the total hours worked as a Registered Nurse,  
as indicated on this page, are accurate.*

Authority's Signature: \_\_\_\_\_ Date:  
\_\_\_\_\_