

PennWest UNIVERSITY

School of Nursing

Verification of Post-Baccalaureate Direct Clinical Hours

DNP Learner: Complete items 1–3. Present this form to your previous institution and allow sufficient time for the Dean, Program Director, or appropriate administrative designee of your MSN or Post-Master's program to complete items 4–5 and return the form to you. (Please print legibly or type.)

Name (Last, First, Middle):	
Institution Name:	
Institution Address:	
Institution Telephone:	
Program Name:	
Type of Degree Received:	Master of Science in Nursing Post-Master's Certificate
Area of Concentration:	
Graduation Date:	

Dean, Associate Dean, Director of Nursing, Advisor, or Chair: Please complete the information below indicating the student named above has completed the listed nursing practice hours. Only logged, supervised, and precepted practice hours completed as part of an MSN or Post-Master's Certificate program will be considered.

Total Number of Direct Clinical Hours Completed:	
Program Representative Name:	
Program Representative Title:	
Program Representative Telephone:	
Program Representative Signature:	
Date:	

Please direct any questions to the PennWest DNP Program Office 814-393-1851 or email Dr. Mel Best at mbest@pennwest.edu.