

Verification of Clinical Hours

McKenzie-Elliott School of Nursing
University of North Carolina at Pembroke
Doctor of Nursing Practice in Population Health

To the Student: Please complete section A below, then forward the completed form to the appropriate official at the previous School of Nursing for completion. According to the American Association of Colleges of Nursing (AACN, 2021) guidelines, a DNP project typically requires a minimum of 1,000 post-baccalaureate practice hours to be completed as part of the program, which includes the time dedicated to developing and implementing the DNP project itself; this means the hours should be directly related to the student's chosen practice area and aligned with the DNP Essentials. The McKenzie-Elliott School of Nursing allows the DNP student to bring in up to 500 post-baccalaureate clinical practice hours towards the completion of the 1000 hours required for completion of the DNP degree.

Section A (to be completed by student)

Student name (last, first, MI): _____

Other names or spellings used (for example, maiden names, other married names, etc.): _____

Type or specialty of graduate degree earned/concentration (e.g. MSN) or post-Masters certificate (specify degree and specialty area (FNP, Administration, etc.): _____

Name of previous institution attended: _____

Month/Year of graduation: _____

Section B (to be completed by School of Nursing Official (Program Director or Dean)

The applicant above has applied to the DNP program in Population Health at the University of North Carolina at Pembroke. Please verify the number of supervised clinical hours completed during the student's MSN or Post-Master's program then return the completed form to the address below.

Name of University/College: _____

Program Name: _____

University mailing address: _____

Name of Nursing Official verifying student records: _____

Email/ Telephone number of Nursing official verifying student records: _____

I verify that (insert student's name) _____ has completed (insert total number) _____ clinical hours, post-baccalaureate precepted/supervised clinical hours in the completion of their post-baccalaureate nursing degree/certification of (insert degree/certification and specialty) _____.

Official's name and Title (printed): _____

Signature of School Official and Date: _____

Please email the completed form to Deborah.hummer@uncp.edu

Or mail completed form to:

Deborah B. Hummer, DNP, RN, MSN, GCNS-BC

National Hartford Center of Gerontological Nursing Excellence (NHCGNE)

Distinguished Educator in Gerontological Nursing

Associate Professor, Nursing

Director, DNP Program

McKenzie-Elliott School of Nursing

University of North Carolina @Pembroke

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