



SCHOOL OF NURSING

**PM - DNP Practicum Verification Form
For Admission to the
Post Master's Doctor of Nursing Practice
Program**

Instructions: Applicants will complete the information section. Please request that the program director or chair from your graduate program complete the second half of the form and return to

Applicant Information

Student's name (LAST, FIRST, MI): _____

Aliases: _____

Type of Graduate Degree (ex. MSN, MA, MS): _____

Concentration: _____

Name of Institution from Which Degree Was Obtained: _____

Year Graduated: _____

If applicant has not yet graduated, read and initial statement below and submit document to director of PM - DNP program.

I am in progress to complete a Master of Science degree in nursing to become certified as an APRN (circle one: NP, CNM, CRNA, or CNS) no later than August 1. I understand upon receipt of the MSN the bottom half of this form needs to be completed. _____ (initials)

To Be Completed by School of Nursing Official from Program Applicant received the MSN.

The above applicant has applied for admission to Marshall University's Doctor of Nursing Practicum program. As part of the application, our program requires applicants to submit verification of their supervised/precepted graduate degree clinical hours. Please email completed form to

University/College Name: _____

University Mailing Address: _____

Nursing Official and Title (Please print): _____

Email Address: _____ Phone Number: _____

Applicant's Specialty area: _____

Total number of supervised practicum (practice/clinical) hours verified: _____

I verify that applicant named above has completed these precepted/supervised clinical hours as part of a formal graduate degree program.

Nursing Official Sign (in ink): _____

Date: _____