To the School of Nursing Official: The student named below is an applicant for the DNP program at Western Carolina University. As a part of the application, we require that applicants submit a verification of their precepted (supervised) master’s degree clinical hours.

To the applicant: Please request that a School/College of Nursing official from your master’s degree program complete this form and return it to you. Please include this form with your support documents as a part of the application process. Examples of a School/College of Nursing official include: a course coordinator, program director, or director/Dean of School/College of Nursing.

To be completed by applicant:

Name of applicant: _____________________________________________________

Name of Institution/School of Nursing: ______________________________________

Master’s degree (e.g. MSN, MA, MS) __________

Concentration (e.g. FNP, CNS, Administration, Education) ______________________

Year graduated: __________

To be completed by School of Nursing official:

I verify that the applicant named above has completed __________ (number) of precepted (supervised) clinical hours as part of the formal master’s degree program named above.

__________________________________________

Please print name of School of Nursing official

__________________________________________  __________________________

Signature of School of Nursing official             Date

__________________________________________  __________________________

Telephone number                                  Email

Mailing Address: ________________________________  NOTARIZED:

__________________________________________

__________________________________________