



## Verification of Precepted Master's Degree Practicum/Clinical Hours Sheet

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### **Instructions**

**To the School of Nursing Official:** The individual named below is a student in the Doctor of Nursing Practice (DNP) program at Aspen University. Aspen University requires verification of the student's precepted (supervised) master's-level clinical practice hours to ensure alignment with program requirements.

**To the Student:** Please request that an authorized representative from your School/College of Nursing complete this verification. Acceptable officials include a Program Coordinator, Program Director, or Dean.

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### **Section 1: Student Information** *(To be completed by the student)*

- Student Name: \_\_\_\_\_
- Institution / School of Nursing: \_\_\_\_\_
- Master's Degree Earned: \_\_\_\_\_
- Program Emphasis / Specialty: \_\_\_\_\_
- Year Graduated: \_\_\_\_\_
- Total Precepted Clinical Practice Hours Completed: \_\_\_\_\_

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### **Section 2: School of Nursing Verification** *(To be completed by an authorized School of Nursing official)*

I hereby verify that the above-named student completed the practicum / clinical hours indicated as part of their master's degree program.

- Signature: \_\_\_\_\_
- Name of Official: \_\_\_\_\_
- Title: \_\_\_\_\_
- Date: \_\_\_\_\_
- Telephone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_

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### **Section 3: Program Director Verification** *(For Aspen University Use Only)*

- Signature: \_\_\_\_\_
- Program Director Name: \_\_\_\_\_
- Date: \_\_\_\_\_

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**Submission Instructions for DNP Student:** Submit this document in accordance with the instructions on the [AU DNP Banking Hours Request Google Form](#).