



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

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.

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](#).