



Verification of Precepted Master's Degree Hours

To the School of Nursing Official: The student named below is an applicant for the Doctorate of Nursing Practice program at Aspen University. As part of the application, we require that applicants submit a verification of their precepted (supervised) master's degree clinical practice 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 part of the **application process**. Program administrators may include a Coordinator, Program Director, or Dean.

To be completed by applicant:

Name of Applicant:

Name of Institution/School of Nursing:

Master's Degree:

Emphasis:

Year Graduated: _____ Total Practice Hours: _____

To be completed by School of Nursing Official:

Please print name of official: _____

Signature of Official: _____

Date: _____

Telephone Number: _____ Email

Mailing Address:

Verified by DNP Program Coordinator _____
Date _____

Completed form should be submitted to ProjectConcert after all signatures* are attained. Directions can be found in the DNP Handbook under “Instructions Uploading Documents to ProjectConcert.” In addition, you will need to submit a block entry log in ProjectConcert so the total hours upon program completion reflects the total required hours.