



Appendix G: Verification of Precepted Master's Degree Hours

To the School of Public Health Official: The student named below is an applicant for the Doctor of Public Health 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 Public Health 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 Public Health: _____

Master's Degree: _____

Emphasis: _____

Year Graduated: _____ Total Practice Hours: _____

To be completed by School of Public Health Official:

Please print name of official: _____

Signature of Official: _____

Date: _____

Telephone Number: _____ Email _____

Mailing Address: _____

Verified by DrPH Program Coordinator _ Date: _

Completed form should be submitted to ProjectConcert after all signatures* are attained. Directions can be found in the DrPH 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.