Doctor of Nursing Practice (DNP) Program

Verification of Nursing Master’s/Post-Master’s Practicum Hours

To the applicant: Please request that a nursing school official from your nursing master’s program and, if applicable, nursing post-master’s degree program complete this form and return it to you. Include this form with your support documents as a part of the application process. Examples of a nursing school official include: a course coordinator, program director, or director of a school of nursing.

To the nursing school official: The student named below is an applicant for the DNP program at the University of Maryland School of Nursing. As part of the application, we require that applicants submit a verification of their precepted (supervised) nursing master’s program and, if applicable, nursing post-master's degree practicum hours.

To be completed by applicant:

Name of Applicant: ____________________________________________

Name of Institution/School of Nursing: ____________________________

Master’s Degree (Ex: MSN, MA, MS): __________ Graduation Year: __________

Concentration (Ex: FNP, CNS, Administration, Education): ________________

To be completed by a nursing school official:

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

________________________________________ 
Name of Nursing School Official (please print)

________________________________________ 
Signature of Nursing School Official 

___________________________ 
Date

___________________________ 
Telephone Number

________________________________________
Email Address

________________________________________
Mailing Address:

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SCHOOL OFFICIAL SEAL

Revised 8-22-13