

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: _____

SCHOOL OFFICIAL SEAL