Arkansas State University
School of Nursing
VERIFICATION OF CLINICAL PRACTICUM HOURS

Part I: To be completed by the Student
Applicant's Name: _____ ID Number: _____

PART II: Verification of Clinical Practice hours in the Masters of Nursing Program: to be completed by College/University Representative where the student obtained

Facility Name: _____

Name of Person Completing verification: _____
(Print)

Your position with the agency:
_____

I hereby certify that _____, a student at Arkansas State

University enrolled within the Doctor of Nursing Practice (post-masters) Program, has completed

_____ hours in their master's degree between the dates of _____ and

_____.

Please place an X beside the option that matches this student's degree:

__Their master's degree is in Nursing Education

__Their master's degree is in Nursing Administration

__Their master's degree is in an APRN option

Signature: _____

Business Address: _____

_____

Business Telephone: _____

Email Address: _____