



Rivier University
Doctor of Nursing Practice (DNP) Application
Verification of Precepted Master's Degree Clinical Practice Hours

To the School of Nursing Official: The student named below is an applicant for the DNP program at Rivier University. As part of the application process, we require that applicants submit a verification of their precepted (supervised) master's degree clinical 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. Examples of a School/College of Nursing official include: a course coordinator, program director, or a Director/Dean of School/College of Nursing.

To be completed by applicant:

Name of applicant: _____

Name of Institution/School of Nursing: _____

Type of Degree Received (eg. MSN, MS): _____

Concentration (eg. FNP, CNS, PMH): _____

Year graduated: _____

To be completed by School of Nursing official:

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

Please print name of School of Nursing official

Signature of School of Nursing official/Title

Date

University Mailing Address Street City State Zip

Telephone Number

Email