

Post Master's DNP Applicant

Master's Degree Preceptor-Supervised Clinical Hours Verification Form



Directions to Applicant:

Applicants must provide verification of at least 120 preceptor supervised hours from their master's degree for admission to the Post-Masters DNP program. The verified hours will be applied to the 1,000 hours required for DNP degree completion. Please send this form to the academic institution that granted your Master's degree, and request that this form be completed and submitted as directed below.

Directions to Academic Institution:

Please complete this form and submit electronically to gophernursing@umn.edu. If you are unable to sign and submit electronically, please print this form, sign it and mail it to the address below.

Name of Graduate (Last, First):

Name of Institution Where Master's Degree Conferred:

Year Master's Degree Conferred:

Select Practice Specialty Completed by Graduate:

(Please select "other" and provide specialty if the program completed is not an exact match to the options below)

- | | | |
|--------------------------------------------------|-------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Adult/Gero NP | <input type="checkbox"/> Gero CNS | <input type="checkbox"/> Pediatric CNS |
| <input type="checkbox"/> Adult/Gero CNS | <input type="checkbox"/> Integrative Health & Healing | <input type="checkbox"/> Psych/Mental Health CNS |
| <input type="checkbox"/> Adult NP | <input type="checkbox"/> Nursing Administration | <input type="checkbox"/> Psych/Mental Health NP |
| <input type="checkbox"/> Adult CNS | <input type="checkbox"/> Nurse Anesthesia | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Adult/Women's Health NP | <input type="checkbox"/> Nursing Informatics | <input type="checkbox"/> Women's Health NP |
| <input type="checkbox"/> Family NP | <input type="checkbox"/> Nurse Midwifery | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Gero NP | <input type="checkbox"/> Pediatric NP | |

Total Number of Preceptor-Supervised Clinical Hours Completed in Master's program:

Program Director Name:

Program Director Signature & Date:

Please submit this form electronically to : gophernursing@umn.edu
If you are unable to electronically sign this form, please sign a printed copy and mail it in a sealed institutional envelope to:
Office of Student & Career Advancement Services
Attn: Admissions & Enrollment Coordinator (PM DNP)
5-160 Weaver-Densford Hall
308 Harvard Street
Minneapolis, MN 55455
For questions: 612-625-7980 or gophernursing@umn.edu

Institution or program seal/stamp here
(not needed for electronically signed forms)