

**WCU School of Nursing Form
Doctor of Nursing Practice (DNP) Application
Verification of Precepted Master's Degree Clinical Hours**

To the School of Nursing Official: The student named below is an applicant for the DNP program at Western Carolina University. As a part of the application, 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 a part of the **application process**. Examples of a School/College of Nursing official include: a course coordinator, program director, or director/Dean of School/College of Nursing.

To be completed by applicant:

Name of applicant: _____

Name of Institution/School of Nursing: _____

Master's degree (e.g. MSN, MA ,MS) _____

Concentration (e.g. FNP, CNS, Administration, Education) _____

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

Date

Telephone number

Email

Mailing Address: _____

NOTARIZED:

NORTH CAROLINA NOTARY ACKNOWLEDGMENT

THE STATE OF NORTH CAROLINA

COUNTY OF _____

I, _____, Notary Public, do hereby certify that
_____ (name of individual(s) whose acknowledgment is
being taken) personally appeared before me this day and acknowledged the due
execution of the foregoing instrument. Witness my hand and official seal this
_____ day of _____, 20____.

Notary Public Signature

Print _____

My commission expires: _____

(Seal)