



**Post-Master's Doctor of Nursing Practice (PM-DNP) Program  
Verification of Nursing Master's/Post-Master's Clinical Hours**

**To the applicant:** Please request that a nursing school official from your nursing master's program and/or nursing post-master's degree program complete this form and return it to you. Examples of a nursing school official include a course coordinator, program director, or director of a school of nursing. Upload all forms into the admissions application.

**To the nursing school official:** The student named below is an applicant for the PM-DNP program at the University of Pennsylvania School of Nursing. As part of the application, we require that applicants submit a verification of their precepted (supervised) nursing master's and/or nursing post-master's degree clinical 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) clinical 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