AUGUSTA UNIVERSITY

The Graduate School/College of Nursing
College of Nursing

Verification of Post-BSN Clinical and Practice Hours

Instructions:
The DNP applicant should forward this form to the program director for completion.
Once the form is completed by the program director, it should uploaded into the NursingCAS application and/or returned to Augusta University, Office of Admissions, 1120 15th Street, Benet House, Augusta, GA, 30912. Phone: 706.721.2725 • Fax: 706.434.7070

Student Name (Print or type): _____
First Middle/Maiden Last

Student SS or School ID Number: _____

The information below must be **completed by the program director**

Name of University: _____

Program Name: _____

University Address: _____

University Telephone: _____

Type of Degree Received:

_____ Masters of Science in Nursing Program _____ Post Master's Certificate Program

Area of Concentration: _____

Date of Program Completion: _____

Total number of clinical practice hours in the program (clock hours): _____

Your signature on this form attests that the above named individual has completed the program indicated on this document.

Program Director (print name): _____

Program Director (signature): _____

Date: _____