



Clinical Practice Hours Requirement and Study Option Form

This form is to be used for applicants to the MS or post-bacc DNP (PB DNP)

The School of Nursing requires evidence of the following admission criteria for all Advanced Practice options:

“600 hours of direct hands-on clinical practice during the previous year”

Name: _____

Address: _____

Phone: _____ (home) _____ (work)

Email Address: _____

Please have your employer/supervisor complete and sign the following description of clinical practice.*

Hours of Clinical Practice Completed During Past Year: _____

Description of Clinical Practice:

Employer/Supervisor Signature and Title

*Students entering part time may fulfill the practice component while completing core courses prior to the clinical component.

Specify Study Option: (choose one)

_____ Family Nurse Practitioner

_____ Adult/Geri Nurse Practitioner

_____ HSL

_____ Education

_____ PNP

Anticipated Date of Enrollment: _____ (Summer or Spring and Year)

RN License Number: _____

Licensing State: _____

It is best to submit this form with your online Graduate School application.

Or you may email the form to achiles@clemsn.edu