



Doctor of Nursing Practice Program Post-Baccalaureate Verification Form

(For Clinical/Practicum/Practice Hours)

Background

Per the American Association of Colleges of Nursing (AACN) Doctorate of Nursing Practice (DNP) essentials and the University of Texas Arlington (UTA) DNP degree requirements, students enrolled in the DNP program at UTA must complete 1000 post-bachelors practice hours to graduate.

As part of this requirement, UTA will count up to 500 verifiable clinical/practicum/practice hours that students completed as part of their Masters of Science in Nursing (MSN) degree and/or post graduate certificate(s).

Prior to acceptance into the DNP program, applicants must complete and submit the following form to previously-attended institutions so as to obtain verification of all post-baccalaureate clinical/practicum/practice hours completed as part of their Masters of Science in Nursing (MSN) degree and/or post graduate certificate(s).

Applicant Instructions

1. Fill in your name and the last four digits of your social security number on the next page in the space provided.
 - a. If you completed no clinical/practicum/practice hours as part of your Masters of Science in Nursing (MSN) degree and/or post graduate certificate(s), please complete the first section of the form (Applicant Personal Information) and submit to DNPAAdmission@uta.edu
2. Please complete this form electronically and send it to the Dean or Program Director of the Masters of Science in Nursing (MSN) and/or post graduate certificate program you attended.
 - a. One verification form is required per program/certificate for which clinical/practicum/practice hours are being verified.
 - b. Applicants may need multiple forms.
3. Please have the Masters of Science in Nursing (MSN) and/or post graduate certificate program you attended complete and return this form to DNPAAdmission@uta.edu

Please Note:

- Please complete this form electronically then send to the Dean/ Program Director of your graduate and postgraduate programs/ certificates.
- Allow sufficient time for the Dean/ Program Director of your graduate and postgraduate programs/ certificates to complete and return this form to UTA.
- Failure to submit verification for all clinical/practicum/practice hours will result in additional practice hours needing to be completed during the UTA DNP program.



DNP Applicant to Complete

Applicant Personal Information

Applicant Name	First	MI	Last
	Maiden name or other names		
UTA Student ID Number			
Were there any clinical/ practicum/ practice hours in the program/ certificate you completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please Note: If no clinical/practice/practicum hours were completed, please stop and submit this document with only the <u>Applicant Personal Information</u> section completed

University Details

Name of University			
University Phone			
University Address	Street Address		
	City	State	Zip

Program Details

Program/ Certificate Title	Name of Program		
Program/Certificate Concentration	Concentration		
Dates of Attendance	Start Date	to	Completion Date
Total # of clinical/ practicum/ practice hours in the program/ certificate	Enter total of clock hours		

Dean/ Program Director Verification

Your signature and school seal on this form attest that the aforementioned student has completed the program and the corresponding clinical hours indicated in this document.

Printed Name of Dean/ Program Director	
Signature of Dean/ Program Director	
Date	

Official School Seal

Please return completed and signed document to:

DNPAAdmission@uta.edu

OR

ATTN: DNP Admissions Office
UT Arlington
PO Box 19407 Arlington, TX,
76019