

Rush University College of Nursing
Verification of Post-Baccalaureate Clinical Practice Hours

DNP Applicant: Please have the Faculty Advisor or Program Director from the school in which you did your advanced practice work validate the supervised clinical hours you completed.

Return this form as part of your NCAS application or send electronically to:

Jennifer Thorndyke, MPH

Director of Admissions

jennifer_thorndyke@rush.edu

Please Print Legibly

Student Name: _____

University: _____

University Address: _____

University Phone: _____

Program: _____ Concentration: _____

Date of Completion: _____

Number of Clinical Practice Hours: _____

Your signature on this form attests to the above names individual has completed the program and clinical practice hours indicated on this document.

Name: _____ Date: _____

Title: _____

Signature: _____