

CLEMSON UNIVERSITY
School of Nursing

Clinical Practice Requirement and Study Option Form

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

_____ Administration

_____ Education

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

RN License Number: _____

Licensing State: _____

Submit this form with your online Graduate School application or by email to achiles@clermson.edu