

Clinical Practice Hours Requirement and Study Option Form

This form is to be used for applicants to the 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 or practice.*	complete and sign the f	following description of clinical
Hours of Clinical Practice Completed Dur Description of Clinical Practice:	ring Past Year:	
	Employer/Su	pervisor Signature and Title
*Students entering part time may fulfill the clinical component.	ne practice component w	while completing core courses prior to
<u>Specify Study Option</u> : (choose one)Family Nurse Practitioner	Adult/Geri N	Jurse Practitioner
HSL	Education	
PNP		
Anticipated Date of Enrollment:		
RN License Number:		<u> </u>
Licensing State:		<u>—</u>

It is best to submit this form with your online Graduate School application. *Or you may email the form to achiles@clemson.edu*